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PREPARATIONS FOR THE CONFERENCE

Recommendations of the Expert Group Meeting on Family Planning, Health and Family Well-being

Report of the Secretary-General of the Conference

SUMMARY

In response to Economic and Social Council resolution 1991/93, the Expert Group Meeting on Family Planning, Health and Family Well-being was convened in Bangalore, India, from 26 to 30 October 1992 as part of the preparations for the International Conference on Population and Development to be held in 1994. The findings of the Expert Group are presented in this report for consideration in the context of the review and appraisal of the World Population Plan of Action by the Preparatory Committee for the Conference. The Expert Group examined the linkages between family planning, health and family well-being and emphasized the need to place family planning in the wider context of quality of life of women and children, and health and welfare of the family and to shift the focus of family planning programmes from demographic targets to individual needs. The deliberations had as their objectives to contribute to the review and appraisal of the progress made in attaining the objectives, goals and recommendations of the Plan of Action, to identify the obstacles encountered and to adopt a set of recommendations for the next decade in order to support couples and individuals in making informed and voluntary choices about the timing, number and spacing of children, through family planning programmes.

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INTRODUCTION

A. Background

1. The Economic and Social Council, in its resolution 1991/93 of 26 July 1991, decided to convene an International Conference on Population and Development under the auspices of the United Nations and decided that the main theme of the Conference would be population, sustained economic growth and sustainable development. The Council authorized the Secretary-General of the Conference to convene six expert group meetings as part of the preparatory work.

2. Pursuant to that resolution, the Secretary-General of the Conference convened the Expert Group Meeting on Family Planning, Health and Family Well-being in Bangalore, India, from 26 to 30 October 1992. The Meeting was organized by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat in consultation with the United Nations Population Fund (UNFPA). The participants, representing different geographical regions, scientific disciplines and institutions, included 18 experts invited by the Secretary-General of the Conference in their personal capacities; representatives of the United Nations Office at Vienna, the United Nations Children's Fund (UNICEF), the five regional commissions, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank. Also represented were the following non-governmental organizations: International Institute for Rural Reconstruction (IIRR); International Planned Parenthood Federation (IPPF); International Union for the Scientific Study of Population (IUSSP); Population Council; Center for Development and Population Activities; Population Institute; Program for Appropriate Technology in Health (PATH); Association for Voluntary Surgical Contraception (AVSC); Family Health International (FHI); Institute of Resource Development (IRD)/Macro Systems; Japanese Organization for International Cooperation in Family Planning (JOICFP); Pathfinder International; Population Crisis Committee; and Rockefeller Foundation.

3. As a basis for discussion, the 16 experts had prepared papers on the agenda items. The views expressed by the experts were their own and did not necessarily represent the policies of their Governments or organizations. The Department of Economic and Social Development prepared a background paper entitled "Key issues in family planning, health and family well-being in the 1990s and beyond". UNFPA contributed a paper on future contraceptive requirements and logistics management needs. Discussion notes were provided by the United Nations Office at Vienna, the regional commissions and a number of specialized agencies and non-governmental organizations.

B. Opening statements

4. Opening statements were made by Ms. D. K. Thara Devi Siddartha, Union Minister of State for Health and Family Welfare of the Government of India; Dr. Nafis Sadik, Secretary-General of the International Conference on Population and Development; and Mr. Shunichi Inoue, Deputy Secretary-General of the Conference.

5. In her opening remarks, Dr. Sadik noted that India provided an ideal setting for the Meeting because India was the first developing country in the world to have a national population programme and had continued its commitment to planned population growth and voluntary family planning since 1951. She also commended the efforts of the Government of India in placing family planning in the wider context of health and family welfare and agreed with the national strategy which emphasized the development of human resources rather than controlling human numbers. Ms. Thara Devi Siddartha reaffirmed the position of the Government of India that, for the future well-being of the country, the highest priority had been accorded to population stabilization efforts. In this regard, she noted that fertility behaviour could not be understood in isolation without reference to the socio-cultural context, nor could family planning policies be pursued successfully without promoting conducive socio-economic conditions such as female literacy, the general quality of life, reproductive health and family well-being. She further noted that there was a need to shift the emphasis from quantitative to qualitative assessment of the population, which would require a holistic approach to population control. Women's total health must become the central concern of planning. When a woman was given the opportunity of choosing her time of conception, the size of her family and the time period between births, very large benefits were likely to accrue.

6. Dr. Sadik emphasized the need to place family planning in a wider context of quality of life of women and children, health and family welfare. She also stressed the need to enhance the status of women, which was crucial for achieving sustainable development. To realize this goal, women must have equal access to education and equal participation in social, economic, cultural and political life. These considerations implied the need for universal access to a wide range of safe, affordable and effective contraceptive alternatives to meet the vast unmet demand for family planning. Considering the growing problem of adolescent fertility, she stressed the necessity of preventing teenage pregnancy and removing the widespread ignorance among young people of the risks of unprotected sexual activity. She emphasized the need to involve men in family planning and to provide them with necessary information, education and encouragement to take greater responsibility in contraceptive practice and responsible parenthood. She noted that family planning programmes could contribute substantially to the reduction of maternal mortality and the improvement of the reproductive health of women. She hoped that strategies for the prevention of acquired immune deficiency syndrome (AIDS) could be found within the framework of family planning and the Safe Motherhood Initiative, with particular focus on the needs of women and adolescents. She stressed the importance of a high quality of services for expanding the levels of acceptance and continuation of contraceptive practices. She noted that special efforts were needed to bring high-quality family planning services to vulnerable and/or under-served sections of the population, including people in minority communities, rural areas and urban slums. To improve the quality of care, clients must be given a wide choice of contraceptive methods and must be treated with dignity and respect by well-trained service providers. She stressed that more research, development and training were necessary to widen the range and improve the quality of available contraceptive methods. It was also necessary to ensure that contraceptive supplies were available at the right time and place and in the right quantity. She underscored the necessity of directly involving local communities to ascertain the family planning needs of communities with widely different backgrounds and suggested that this "people-centred approach"

might encourage clients to share the cost of services. She observed that the pool of international resources for development was not growing as fast as the demand for resources. It was therefore essential to increase coordination and collaboration between national family planning programmes, non-governmental organizations, the private sector and international organizations.

7. Mr. Inoue, while enumerating the notable progress made in family planning practice in the past decade, noted that the current level of fertility and the rate of population growth in many developing countries were still too high and incompatible with the goal of achieving sound social and economic development. He stressed the importance of women's choice on the number of children or family size and matching of individual fertility goals to national goals. He suggested that family planning should be seen as a means to improve the health and well-being of the family.

I. SUMMARY OF THE PAPERS AND DISCUSSION

8. In addition to a more general exchange of views regarding the key issues in family planning, health and family well-being in the 1990s and beyond, and the linkages between family planning, health and family well-being, the Expert Group devoted particular attention to the following areas: society and family planning; review of existing family planning programmes and lessons learned; issues relating to the implementation of family planning programmes (quality of services and human resources development, unreached population groups, adolescent fertility, diffusion of innovative activities, community-based distribution systems and social marketing of contraceptives, and future contraceptive requirements and logistics management needs); family planning and health (safe motherhood and child survival: the interdependence of services; family planning, sexually transmitted diseases and AIDS); family planning and family well-being (family size, structure and child development; fertility decline and family support system); people's involvement in family planning programmes (community participation in family planning; cost of contraceptive supplies and services and cost-sharing; contraceptive research and development; re-examination of the roles of Governments, non-governmental organizations and the private sector in family planning). Both developed and developing country situations were considered, although the latter dominated the discussion.

9. In formulating recommendations, the Expert Group focused on identifying practical measures that could be taken to broaden the scope of family planning programmes in order to make them more effective and efficient, that would help to meet the unmet reproductive health needs of women, and that would also have desirable effects on the status of women and the health and well-being of the family. The Expert Group also reviewed the state of knowledge about the topics mentioned above and made recommendations regarding the need for research and data collection.

10. The contributions of family planning towards improving the quality of life of the population, particularly the health and well-being of the family, have been the focus of increasing international attention in a variety of contexts, including human rights and equity and participation of women in the process of social and economic development. There is currently an array of international declarations and agreements concerning the roles of family planning in improving

the status of women, the health of mothers and children, and the environment. These include the World Population Plan of Action (1974) and the Recommendations for Further Implementation of the Plan (1984), the Nairobi Forward-looking Strategies for the Advancement of Women (1985), the Safe Motherhood Initiative (1987) and the Amsterdam Declaration on a Better Life for Future Generations (1989). The Expert Group noted that international declarations and agreements provided necessary support and sound guidelines for charting the future course of action and urged that necessary action be taken in implementing them.

A. Society and family planning

11. The Meeting considered the general issues of fertility transition, women's status and sociocultural milieu and how women's status had affected the practice of family planning. The status of women needed to be examined in relation to the social organizations and cultural contexts which vary from society to society; hence, it remained an elusive concept, further complicated by varied definitions of status such as prestige, power, autonomy and rights. It was suggested that the identification of factors underlying gender inequality might help in understanding fertility behaviour, because fertility goals were likely to depend on the extent to which women rely on their male kin and sons for status and security. It was recommended that removal of gender inequalities would enhance the status of women, which, in turn, would have a positive impact on family planning. The Meeting further considered the reverse side of the relationship, namely the effect of reduced fertility on women's status. The reduction of time spent in reproduction and child care allowed women to expand their participation in the public sphere. It followed that family planning was a major avenue to improve women's status by providing greater control over reproductive decisions. It also provided control over fate and thus empowered women. These independent effects of family planning at microstructural levels needed to be emphasized.

12. The Meeting also considered issues relating to fertility transition and socio-economic development, including the status of women and associated policy questions on investments in social sectors. More specifically, the questions raised here were: What social sector investments are likely to strengthen the impact of family planning and reproductive health services? and How can the design of services be better tailored to the socio-economic structure in which they all expected to be effective? The Meeting was of the view that social development might be contributing more to fertility decline than to economic development. The Meeting emphasized, however, that there was no point in presenting socio-economic development and family planning programmes as competitive or alternative approaches. Changes in fertility behaviour, stemming from socio-economic development and increased acceptance of family planning, should be seen as a gradual process with synergistic effects. It would, therefore, be productive to identify the linkages between social change, family planning programme effort and reproductive behaviour. One such linkage was established through research on "proximate" determinants of fertility, where effects of socio-economic factors on fertility were usually seen to be mediated through proximate factors such as use of contraception and rising age at marriage.

13. A second line of inquiry that had helped to clarify the understanding of synergies between socio-economic forces and programmatic variables in accelerating fertility decline was the series of cross-national studies. These studies showed that fertility declined most rapidly in countries with high scores with both sets of indicators. These synergies were also found in country-level studies of fertility transitions now occurring in many developing countries, particularly in Asia and Latin America. These studies illustrated that, even in ostensibly unfavourable conditions, fertility decline could be accelerated by programme efforts that were sensitive to local conditions, responsive to community needs and designed to encourage social change. For instance in Bangladesh, the recruitment of female outreach workers had contributed to changes in the status of women. In the light of recent empirical evidence, the Meeting made an important assertion that the progress of family planning programmes was not dependent upon levels of socio-economic development, because programmes were more than the mere supply of contraceptives; they had evolved to respond to the particular needs of a particular society. Thus, two decades of programme experience had shown that the linkages between programme effort and socio-economic setting involved a variety of synergies that needed to be better understood and strengthened in order to guide social sector investments in health and family planning, female education and other factors that improve the status of women.

B. Review of existing family planning programmes and lessons learned

14. A comprehensive overview of the family planning situations in various regions of the developing world was presented at the Meeting. This overview highlighted the process of socio-economic changes affecting different parts of the world in terms of gross national product (GNP) per capita, literacy, primary and secondary school enrolment, percentage of men in the non-agricultural labour force, life expectancy, total fertility rate and infant mortality rate. Particular attention was paid to the current situation in the least developed countries. In most regions, there had been socio-economic progress, notably in East and South-East Asia, with simultaneous progress in the development of family planning programme efforts. It was apparent that, in general, programme improvements had not matched the progress in socio-economic development. Nevertheless, there was a positive relationship between improvement in socio-economic conditions and programme strength. There were also exceptions to these relationships, where there had not been much socio-economic improvement but programmes had become stronger and where fertility decline was in progress (for example, Bangladesh and Botswana). On the other hand, notable changes had taken place in socio-economic conditions among the Arab States; yet fertility decline had not been observed, owing, in part, to the absence of organized family planning programmes, with the exceptions of Algeria, Egypt, Morocco and Tunisia. There is a third set of countries (sub-Saharan Africa) where socio-economic conditions had not changed to any appreciable extent nor had programme efforts gained much strength. In most of these regions, fertility level still remained high and contraceptive practice very low. The primary impetus to the adoption of policies to reduce fertility in Latin America had come from the medical profession, which was greatly concerned about the large number of septic abortions. Governments were slow to react; hence, the private sector and

non-governmental organizations had played an important role in supporting the cause of family planning, and also in the provision of services. Latin America, in general, with better socio-economic conditions compared to the developing countries in other regions, showed a relatively high contraceptive prevalence throughout most of the region.

15. The general conclusions drawn from the above broad assessment were that family planning programmes could have an independent effect on fertility rates and their effectiveness was greatly enhanced when socio-economic development occurred simultaneously. Organized family planning programmes and socio-economic development together produce synergistic effects on fertility. In this overview, several important programme characteristics were identified as crucial for the success of family planning programmes. A selected few of them drew the attention of the Meeting more than the others. These were: political commitment and strong leadership, the adoption of a client's perspective, contraceptive availability/accessibility, quality of services, wide choice of methods, modes of delivery of services and information, education and communication campaigns. It was said that political commitment was fundamental to the success of the programmes, but its importance diminished as socio-economic conditions improved. In high socio-economic settings, favourable to low fertility, political commitment was necessary only to remove barriers to family planning programmes. It was also noted that political commitment in the developed countries was necessary to ensure sufficient international financial aid. Concern was expressed at the Meeting that the present design and ethos of many family planning programmes emphasized quantitative aspects of achievement at the cost of quality of care and clients' needs and preferences, and therefore women's reproductive health needs were neglected. To raise contraceptive prevalence further, it would be necessary to increase the participation of women in the decision-making process for programme design and implementation. Furthermore, women should be given the choice of meeting their reproductive goals. It was noted that, as abortion played important roles in maternal mortality and fertility decline, the question of abortion could not be put aside.

C. Issues related to the implementation of family planning programmes

16. The Meeting again stressed the need to improve the quality of services at all stages of programme development. The success of family planning programmes had been usually evaluated on the basis of their quantitative impact on fertility. Under these circumstances, there had been overwhelming concern for quantitative achievements: number of clients, births averted and so on. The issue of quality of services had become all the more important now that it had been recognized that improvement in the quality of services would result in an increase of contraceptive use and a subsequent reduction in fertility. The Meeting, therefore, emphasized that a shift to quality services had emerged as an important area of programme development in the 1990s. It was often claimed that calls for greater quality of services could not be met owing to a lack of resources, but the Meeting observed that the critical bottleneck with respect to quality was not resources but a lack of commitment on the part of the top management. A significant part of this lack of commitment could be traced to the difficulties in defining the quality of services and the absence of readily

measurable indicators of quality. The Expert Group then considered various elements of quality of service: choice of contraceptive methods; information given to clients; technical competence; client/provider relations; mechanisms to encourage continuity; and appropriate constellation of services. These six elements were regarded as fundamental but their relative importance and precise form should be adjusted according to specific country situation. A first, important step in the right direction would be to shift the focus from demographic targets to individual needs. With regard to measures for improvement of quality of services, the Expert Group also emphasized the necessity of human resources development, with provision for continuous supervision and a management style that emphasized enhancement of skills rather than punitive measures. Quality of care and human resources development were generally linked.

17. The Expert Group noted that, although levels of contraceptive use had increased substantially throughout the developing countries in the past decade, there remained many sectors of the population, such as minorities, remote rural areas or adolescents, that had not been reached by programmes because of resource constraints and other reasons. More importantly, men represented the "forgotten 50 per cent of family planning clientele". The critical constraint in reaching men was the providers, not men themselves. Men had not received the attention they deserved. Empirical evidence suggested that men had played a major role both as facilitators and as inhibitors for female contraceptive use. The role of men in family planning was becoming increasingly important in the context of raising contraceptive prevalence and further reduction of the level of fertility. Men, when approached, were often willing to support family planning practice, either by practising themselves or by helping their wives to practise. Therefore, men should be approached with more assertive motivational campaigns that stress the sharing of contraceptive responsibility, choices of contraceptive methods and parenthood responsibilities. This new direction implied more research on male methods of contraception and male attitudes.

18. A growing concern was expressed in the Meeting about the necessity of reaching the minority populations with family planning services. The Meeting recognized that the strategies that had succeeded in increasing contraceptive use in the majority population might not have much effect on these special groups. Family planning providers needed to understand better the barriers to family planning acceptance in these communities before undertaking vigorous promotional activities. Community and religious leaders and husbands might be helpful in overcoming the barriers to contraceptive use in these communities.

19. Another important category that had not been reached sufficiently constituted the people in remote areas: a neglect that had given rise to pronounced regional differences in contraceptive use. The Expert Group noted that every effort should be made to reach these areas in order to remove regional disparities. The Group also recognized the special unmet need of young couples, within or outside marriage, to have access to family planning services. Despite Governments' declared intentions, access to appropriate services by this particular group remained problematic. Furthermore, the need for family planning counselling services (for birth postponement or spacing) for this group could not be overemphasized.

20. The Expert Group expressed concern about the level of adolescent pregnancies. Precocious child-bearing continues to be a major impediment to improvement in the status of women. The social cost of adolescent fertility was high: it hindered possibilities for educational attainment and self-fulfilment and led to greater health risk. It was observed that the percentage of women under 20 giving birth was quite high in many developing countries. The actual number of teenage pregnancies was unknown because of the lack of statistics on abortion and miscarriages, but it was undoubtedly very high. There was ample evidence showing that much of this early child-bearing - whether within or outside marriage - was unwanted. High rates of unsafe abortion among adolescent women also attested to the issue of unwanted pregnancies. Adolescents were, in many countries, increasingly at high risk of contracting and transmitting sexually transmitted diseases (STDs), including HIV/AIDS, and they were often poorly informed about how to protect themselves. It was observed that many adolescents were sexually active and family planning programmes should be sensitive to their needs because they were the future users. The Group, therefore, emphasized the importance of involving youth in identifying their special needs and urged Governments to make provision for sex education, family-life education and HIV/AIDS education, and to ensure easy access to reproductive health services, including family planning services. In this regard, non-governmental organizations might play important partnership roles with Governments in developing innovative programmes for this segment of the population. The Group encouraged further research for better understanding of these adolescent concerns. In considering adolescent issues, the Group also focused on the related issue of abortion.

21. With regard to the issue of diffusion of innovative behaviour and information, education and communication (IEC) activities, the Expert Group noted that there was a substantial amount of unmet need for family planning; many women who wanted no more children and were exposed to the risk of pregnancy were not practising family planning. The intervention most suited to transforming these high levels of need into effective demand was information, education and communication activities. The Meeting also noted that two important aspects of IEC activities - research on development of IEC material, and management and evaluation of the dissemination process - often were neglected. There was much concern that IEC materials were designed on the basis of feelings rather than on research. It was also noted that IEC activities needed to be better managed, taking into consideration the existing IEC infrastructure, relevance of different IEC strategies, and the mixing of messages in appropriate media formats. Another important aspect that drew the attention of the Group was IEC activities targeted towards providers, policy makers and informal leaders. For the purpose of institutionalizing family planning in society, IEC programmes must identify the motivational needs of health-care providers, policy makers and informal leaders and must meet those needs; their support was essential for the effective implementation of programmes.

22. The Expert Group noted that community-based distribution (CBD) of contraceptives had played an important role in making contraceptives available to people living in areas not covered by commercial networks or institutional services. In a related area, social marketing of contraceptives (SMC) to low-income groups in developing countries had been met with mixed results. The impact of social marketing of contraceptives in terms of increased contraceptive

prevalence or fertility decline was still very uncertain, but undoubtedly it constituted a way to complement other supply channels. Both of these modes of delivery of supplies (CBD and SMC) had great potential which needed to be properly evaluated to determine their cost-effectiveness, scope of their contribution and extent to which subsidies were necessary. The question of combining these two approaches to reduce cost needed to be examined.

23. The future contraceptive requirements and logistic management needs of family planning programmes were considered at the Meeting. To achieve the United Nations medium-variant population projection by the year 2000, contraceptive prevalence in developing countries must rise from 51 per cent in 1990 to 59 per cent in 2000. This meant that an estimated 567 million couples must be using some form of contraceptive at the end of the century. According to this projection, the following would be needed in developing countries by the decade 1991-2000: 151 million surgical procedures for female and male sterilization; 8.76 billion cycles of oral pills; 663 million doses of injectables; 310 million IUDs and 44 billion condoms.

24. If the contraceptives required for the period 1991-2000 were purchased in the market, they would cost about US$ 5 billion. From an annual cost of US$ 399 million in 1990, the cost for contraceptives would rise to US$ 627 million by the year 2000. It should be noted that this total did not include the much larger cost of delivery of services. The total cost would vary according to the method-mix; for example, wider use of Norplant implant would increase costs considerably. It was projected that by the year 2000, Governments' share of the cost would be reduced from 60 per cent in 1990 to 52 per cent; private sector's share would remain the same, at 17 per cent, and international donors' share would rise to 31 per cent from 22 in 1990. Large though these sums were, the costs of contraceptive supplies constituted only about one fifteenth, or 7 per cent, of the total required by the year 2000 for supporting population activities, which was set at US$ 9 billion by the Amsterdam Declaration on a Better Life for Future Generations, adopted by the International Forum on Population in the Twenty-first Century.

25. Contraceptives were currently being manufactured locally in at least 23 developing countries and local production was under consideration in four or more countries. It was encouraging to note that in four large countries (Brazil, China, India and Indonesia), at least three methods (pills, condoms and IUDs) were produced locally with capacity approaching or exceeding their respective estimated commodity requirements. External assistance agencies had been active in supporting the local production of contraceptives.

D. Family planning and health

26. The Expert Group observed that the issue of safe motherhood should not be discussed in the context of health only, because motherhood was an important social function and not a disease. Rather, it should be considered in the wider context of the role and status of women. Women who wanted to avoid unwanted pregnancies should be provided with family planning services, including access to safe abortion, in order to protect their health and well-being. As family planning contributed substantially towards child survival and reduction of maternal mortality, the relevance of family planning in any strategy for safe

motherhood and child survival was undeniable. Another essential component of a safe motherhood strategy was good maternal care, which was not complete without preconception and post-partum care, in which birth planning was a basic component. In this connection, it was observed that progress towards safe motherhood should be measured in terms of lifetime risk of maternal death, and not in terms of the commonly used maternal mortality rate, which measured only obstetric risk. Equally important was the question of child survival, which was considered a desirable social goal in itself. Research evidence showed that family planning contributed substantially towards child survival. Women seeking preventive and promotive care for their children should have easy access to family planning care. The Group was of the opinion that reproductive health care should be provided as an integrated package of services that were mutually strengthening, cost-effective and convenient to users. An important point to note in this respect was that users should be the ones to determine the type of integration that was most suitable for their needs.

27. The Expert Group focused on the linkages between family planning, sexually transmitted diseases and AIDS. Family planning is practised by sexually active men and women of child-bearing age. The same are at risk of coming into contact with STD as well as heterosexually transmitted HIV infection. The practice of family planning should play a crucial role in the prevention of vertical transmission of HIV from mother to child, through prevention of pregnancy among HIV-infected women. Another important linkage between family planning and STDs/AIDS was that some of the contraceptive methods did have a protective effect against these infections. These important linkages implied the need to widen the scope of family planning programmes to encompass reproductive health care, including STD and AIDS control. Efforts to control these diseases could be enhanced by utilization of the widespread network of family planning clinics, especially in the rural areas of developing countries. The facilities offered unparalleled opportunity to reach women of child-bearing age when the risk of exposure to STD and AIDS was greatest. Integration of these services would permit optimal use of the limited resources available in the developing countries for the control of these infections as well as for family planning.

28. The obvious disadvantage of integration was that services might not reach men directly. This was an area requiring reorientation of the family planning approach, which had hitherto relied mainly on contact with women, to permit more interaction with men. For the purpose of integration, there was a need to initiate training activities for the personnel involved in family planning and STD/AIDS control services, aimed at making them realize the interrelationship between the services they offered and thereby promoting closer working relationships. The Meeting, however, cautioned about possible dangers of hasty integration. It could be an error to integrate STD-control programmes into existing family planning structures without making sure that current facilities could provide quality services, that adequate staff were present and that they had the necessary training and orientation. It was also necessary to encourage research in sexual behaviour in different cultural settings to provide information that could be used in intervention programmes. Finally, future research in contraceptive technology development should focus on methods that might have additional benefit in the prevention of STD/AIDS, and especially on those methods that were women-controlled.

E. Family planning and family well-being

29. Under the theme of family planning and family well-being, the Expert Group considered two important issues: (a) changes in family size and structure; and (b) fertility decline and family welfare systems. The Meeting recognized the importance of the family as a fundamental unit of society. The characteristics of the basic family types found in the East and in the West were discussed and compared. The families in the East were characterized by a "feedback model" of intergenerational relations, in which the older generation initially fostered the younger generation but was then cared for by the younger generation. The Western model was described as a "continued linear model", in which there was usually no feedback from the younger to the older generation. Consequently, the typical family pattern of Western society was the so-called nuclear family, consisting of husband, wife and unmarried children. In many Eastern societies, married children did not necessarily leave their parental home to form nuclear families and thus three-generation families were common in the East. The family size was, therefore, relatively larger than that of the West.

30. As elsewhere in East Asia, the traditional Chinese family had undergone substantial transformations in the past half century. Both family size and family structure had been affected by the process of modernization and by the profound structural changes experienced by the Chinese society. The average family size was 5.3 until the 1950s, it declined to 4.43 by the 1982 census and decreased further to 3.97 by the 1990 census. The decline in family size during the 1950s and the 1960s was mainly associated with social structural changes, such as land reform. By contrast, family-size reduction in the 1970s and the 1980s could primarily be attributed to fertility decline, although other factors such as improved housing supply and census underenumeration had also played a role. A process parallel to the decline in family size had been the trend towards family nuclearization. However, although the proportion of extended families had been decreasing substantially for the past five decades, the three-generation family still comprised about 20 per cent of Chinese families, and it was not certain that it would experience further reduction in the near future. Although there was no officially stated policy that promoted three-generation families, this family form had been viewed as beneficial for old-age care. However, the rapid fertility reduction would undoubtedly affect family structure in the coming years. When the children born under the current low-fertility regime reached the age of family formation, some elderly parents would not be able to live with married children, if they had only one married daughter, assuming that current cultural practices persisted. It was also noted that the policy, with respect to number of children a couple could have, led to large differences in fertility levels and family sizes between rural and urban areas, and between minorities and the Han majority. The Chinese case-study served as an illustration of how government policies, along with changing socio-economic conditions, affected the size and structure of the family. The attention of the Meeting was drawn to some undesirable consequences of the rapid fertility reduction experienced in the Chinese society: one child was sometimes raised as a "little emperor", with yet unknown consequences for the child's development, and a strict one-child policy might lead to sex-selective abortion practices. The impact of rapid decline in fertility on child development was not yet fully known.

31. Lower fertility levels resulting in smaller families were thought to benefit both parents and their children directly. This view assumed that decisions about family size and family welfare were made simultaneously at the start of child-bearing. In recent years, this conventional wisdom had been increasingly challenged. The Meeting, therefore, examined the linkages between reduced family size and family welfare systems, including the economic well-being of the family, welfare of the children, wife's employment opportunities, and parental old-age security. Whether the number of children was positively or negatively correlated with the economic well-being of the family would vary with the life-cycle stage of both the parents and the children, as well as the existing social settings. A study in a village in Bangladesh found that male children became net producers at age 12, and could compensate for their cumulative consumption by age 15. Similar results were found in northern Ghana. Other studies had shown that in a peasant society, at the aggregate level, the net worth of children was negative. A large family gained economic benefits from its size only at certain stages of the family life cycle. These studies, however, did not show the cumulative effect of actual family size on the economic well-being of the family. In a recent study in Thailand, where rapid socio-economic development was taking place, an assessment of the impact of a reduced number of children on family economic well-being was carried out by comparing couples whose reproductive years corresponded with the period of decline of fertility in Thailand but who had small and large families. The study found reduced family size to have positive effects on a couple's ability to accumulate wealth, participate in new forms of consumption and thus have more material possessions and better quality houses. In terms of welfare of the children, empirical evidence, from both developed and developing countries, showed a negative link between the educational attainment of the children and the size of the family. This relationship was also found to be true in Thailand. It was important to remember that, in the process of development, Thailand was experiencing rising costs of living and costs of raising children. Thai parents also had high aspirations for their children in terms of educational attainment. It could be said, therefore, that economic benefits were not the only guiding factors in family-size decisions. The nature of the linkages between fertility and women's employment varied according to a number of factors. Role incompatibility between reproduction and production was found to be stronger in urban areas as compared to rural areas. A recent study on parental care in Thailand showed that fertility decline did not significantly reduce the proportion of the elderly who would co-reside with an adult child. It was generally felt that there was a serious scarcity of research to explore the linkages between fertility decline and family welfare systems and this was an important area for future research.

F. Future directions: people's involvement in family planning programmes

32. In the 1960s, most of the public sector family planning programmes were centrally organized with a vertical delivery system and quantitative demographic targets rather than welfare goals. During the past 15 years, there has been an appreciable shift away from target-oriented vertical programmes. In its place, a growing concern has arisen that family planning services should be tailored to meet the needs and preferences of the clients who use them. The concept of "user's perspective" gradually came into prominence with the attendant emphasis

on community participation. In the early 1980s, community participation had received strong endorsement as a cornerstone of family planning programmes. At the Meeting, the recurrent themes of discussion included such issues as community participation, individual needs and preferences, quality of care rather than quantity, and the welfare aspect of programmes. All of these themes had direct or indirect bearing on community participation. The essential ingredient of the community participation concept was empowerment: the notion that communities should have a degree of control over the nature of development goals and implementation of activities. The participation of the community in planning, decision-making and programme implementation was its underlying and fundamental feature. The application of the concept in family planning had led to various forms of participation. Contributory participation, where communities assisted pre-set programmes by means of labour (volunteers), cash or provision of other resources such as land, was relatively common. The second most common form found was organizational participation, where formal or informal structures existed to facilitate contributions by the community. The limited empirical evidence suggested that genuine community participation in family planning in terms of "empowerment" was still extremely limited. The following reasons for this were discussed: family planning was perceived to be a need of a small fraction of the community; inflexibility of centralized programmes did not allow for local variations; family planning might lack a ready appeal to community elites, typically older men whose wives had passed beyond the reproductive age span; and family planning as an innovation might create antagonism based on religious beliefs, moral issues etc. Participatory programmes were often found in the private sector and they had met with relatively greater success, because non-governmental organizations tended to be more adaptable and accommodating to community wishes than were government departments. It was interesting to observe that, in the non-governmental organization programmes, integration was a common characteristic of community participation projects that involved family planning. It seemed reasonable to conclude that an integrated package of services with a decentralized programme development mechanism and the use of local institutions would ensure greater participation of the community in family planning and related activities, and would make family planning services more responsive to people's needs. However, the Group observed that it was also necessary to make serious objective evaluations of these activities, particularly in terms of cost-benefit analysis.

33. With regard to the cost of contraceptive supplies and services and cost-sharing, the evidence presented at the Meeting pointed to some important conclusions. First, the reproductive age cohort was increasing rapidly even as overall population growth declined. Simultaneously, donor resources were not expected to increase as rapidly as the increase of women/couples in the reproductive ages. Secondly, more works needed to be done to accurately measure the extent of the unmet need for contraceptives in the developing countries because available data were inadequate and measures were yet to be perfected. As a result, projections of unmet needs must be viewed as orders of magnitude. Thirdly, cost data were also troublesome because of the assumptions underlying them and the inaccuracy built into equating costs and expenditures. Determination of financial needs in the future, therefore, was complicated by the data limitations just mentioned. However, under the assumption that resources would be constrained in the future, efforts should be made to assess alternative financing arrangements and to improve resource allocation and efficiency of service delivery. Available evidence suggested that among the

countries that charged for family planning, fees were a small proportion of per capita GNP. Moreover, studies showed that upward adjustments to modest fees had little effect on utilization, indicating the possible scope for establishing or raising fees for family planning. In addition, third-party payers (e.g., insurance companies) for health care represented another potential financier to share costs with Governments and users. The Meeting had observed that cost and unmet need data deserved more consideration and more careful interpretation to guide decision-making processes to promote efficiency and appropriate targeting for subsidies. To promote cost-sharing, Governments must have better information on the price sensitivity of consumers. By removing impediments to private investment in family planning, Governments should encourage private sectors to expand their share of service delivery. Innovations in modes of delivery of family planning services were essential.

34. In the agenda item on contraceptive research and development, the Group reviewed the most important existing contraceptive methods with respect to safety and efficiency, emphasizing their effects on women's reproductive health. The Meeting noted that women in their different life-cycle stages had different needs for different types of contraceptive methods. The current research agenda on contraceptive methods included the relation between hormonal methods and neoplasia, barriers methods for protection against STD/HIV, breast-feeding and contraceptive methods, and the use of modern IUDs with high efficiency and few side effects. Through the collaboration between national and international agencies and non-governmental organizations, promising research was continuing on anti-fertility vaccines, methods for the regulation of male fertility and antiprogestins for early pregnancy termination. Research needs were identified which would be critical in the future. In the light of this review and discussion, a few conclusions were reached at the Meeting. First, there had been a general decline in expenditures on research in fundamental reproductive physiology, new contraceptive methods and safety evaluation. Secondly, there had been a large reduction in the involvement of pharmaceutical companies in contraceptive research for various reasons: belief that the market was already "mature"; the long time required to develop a new method, and the even longer period before there was any return on investment; and the regulatory problems imposed by drug administrations and the legal liabilities. To encourage future research in new contraceptive methods, these barriers needed to be removed. Thirdly, non-governmental organizations had an important role to play in contraceptive research by creating a global partnership of scientists who would work together in the development of new methods, thus filling the gap left by Governments and the commercial sector. Fourthly, there should be an emphasis in research on new methods for men.

35. In re-examining the role of Governments, non-governmental organizations and the private sector in family planning, the Meeting observed that, despite recent progress in family planning, there were still many challenges, including a growing demand for services. Governments must at least sustain, or increase, support for family planning and try to remove legal and other barriers to expanding services. They should aim to be flexible, recognizing the needs of adolescents, and replicate successful models of service delivery. The existing role of non-governmental organizations in innovative service delivery should be extended to offer appropriate reproductive and sexual health services to those most in need, to improve the quality of care and community involvement, to demonstrate cost-effectiveness and address women's concerns. Non-governmental

organizations still had an advocacy role, particularly to reduce unsafe abortions and to increase services for young people. The private sector must cooperate with Governments and non-governmental organizations, price contraceptives for retail distribution on the basis of the price sensitivity of consumers, and participate in community-based distribution and social marketing.

II. RECOMMENDATIONS

A. Preamble

36. The World Population Plan of Action, adopted by consensus at the World Population Conference, held at Bucharest in 1974, affirms that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. This right should be assured in all countries, irrespective of their demographic objectives.

37. The use of safe and appropriate fertility regulation methods has immediate benefits for the health, well-being and autonomy of women. Family planning also promotes the health and welfare of children, adolescents and men, and the well-being of the family as a unit. Finally, family planning contributes to achieving other societal goals such as the advancement of women, improvements in overall health status, the stabilization of population growth, preservation of the environment, sustainable economic and social development, and the overall quality of life. Indeed, as stated in the report of the United Nations Children's Fund, State of the World's Children, 1992, the responsible planning of births is one of the most effective and least expensive ways of improving the quality of life on Earth, both now and in the future, and one of the greatest mistakes of our times is the failure to realize this potential.

38. Empirical evidence reaffirms strong linkages between socio-economic development and fertility trends. Family planning programmes tend to be most successful where social and economic conditions encourage the adoption of small family norms. Recent experience, however, has demonstrated that even in poor socio-economic conditions, considerable desire to regulate family size exists and fertility has fallen in countries with well-organized programmes. Individuals in all settings should not be denied access to the information and means to regulate their fertility and improve the quality of their lives.

39. In the past two decades, a reproductive revolution has occurred. Countries have made dramatic progress in expanding the availability of family planning services, increasing the use of contraception and accelerating the pace of fertility decline beyond that which would have occurred in the absence of services. Based on data for women of reproductive age, 53 per cent of couples are now estimated to be using contraception; however, there are enormous disparities in levels of contraceptive use between regions. The availability of family planning services has itself contributed to a dramatic downward adjustment of desired family size in many countries. In the less developed regions, where fertility has been the highest, total fertility rates have declined from approximately 6.1 in the 1950s to close to 3.7 currently.

40. Despite this progress, major challenges remain. As a consequence of earlier high fertility in the developing countries, more and more men and women are entering their reproductive years, and the need for family planning services in these countries will therefore continue to increase rapidly. During the decade of the 1990s, just to maintain current levels of contraceptive use, approximately 100 million more couples will need family planning services. If fertility declines according to the medium variant of the United Nations population projections, then a further 75 million couples will need access to family planning information and services by the year 2000.

41. In addition, large disparities remain both within and among countries in the practice of family planning. Socio-cultural, economic and other institutional constraints often prevent couples and individuals from making informed decisions concerning child-bearing. Millions of men and women of reproductive age in both the developed and the less developed regions still do not have access to safe and effective methods of fertility regulation, as well as information on how to use them. In many countries, these conditions are reflected in high abortion rates.

42. The adoption of family planning has contributed to safe motherhood and child survival. However, the death and suffering of women in fulfilling their child-bearing responsibilities continues to be a major scandal. Each year more than 500,000 women lose their lives for causes related to pregnancy and childbirth. There has been very little progress towards the goal of reducing maternal mortality by one half by the year 2000. Avoiding unwanted pregnancies and proper planning of births lowers maternal mortality. However, safe motherhood will only be achieved through concerted national and international efforts to make quality maternal health services, including safe abortion, readily accessible to all women. This should be a high priority for the next decade.

43. The quality of family planning services is also uneven. A major challenge in the coming decade will be to expand currently available contraceptive choices for individuals in many countries and to improve the interpersonal skills and technical competence of family planning providers. There is also an urgent need to develop new and improved contraceptive methods.

44. The revolution in contraceptive technology has stalled because of the inadequate allocation of resources and the retrenchment of the pharmaceutical industry. Concerted efforts are needed to launch a second revolution in contraceptive technology to provide a new generation of contraceptives for the twenty-first century.

45. One of the most serious problems of the coming decade is the spread of the AIDS pandemic, which jeopardizes the well-being of mankind. Family planning programmes have an important role to play in the prevention of HIV.

46. The Expert Group Meeting on Family Planning, Health and Family Well-being, having reviewed the progress made in achieving the goals and objectives of the World Population Plan of Action, adopted the following recommendations, which are intended to reaffirm as well as extend or update previous recommendations adopted by Governments in various international forums. They seek to identify actions that Governments can take to support couples and individuals in making

informed and voluntary choices about the timing, number and spacing of children, through family planning programmes and other social policies. Because these issues are of global concern, the recommendations are also addressed to intergovernmental and non-governmental organizations as well as to the donor community.

B. Recommendations

Recommendation 1

Governments are invited to note the growing evidence that all individuals and couples, regardless of their socio-economic status, value the opportunity to space and limit their families, and that family planning can be promoted successfully where levels of socio-economic development are low, provided that the design of services takes into account the socio-cultural setting. Family planning programmes should be regarded as a cost-effective component of a broader development strategy, one that has significant independent effects on family well-being and individual and social welfare, particularly of women.

Recommendation 2

Governments should strive to develop social and political institutions and norms that are oriented towards providing women opportunities, through formal and informal education, for personal development and greater autonomy both within the family and the society as a whole. Governments should support the involvement of women at all levels of the public policy process and especially in the design, management, implementation and evaluation of social welfare, health and family planning programmes.

Recommendation 3

Recognizing the fundamental role of the family in reproduction and in the socialization of future generations, Governments are urged to support the family through public policies and programmes, taking into consideration changes in family forms, size and structure. Governments should promote family life education for responsible parenthood for both men and women, high quality child-care arrangements to enable individuals to combine their dual roles as parents and workers, and adequate support for the children of single parents.

Recommendation 4

To save the lives of mothers, children and adolescents and to improve their general health, Governments and the international community are urged to increase their investment in family planning and reproductive and maternal and child health (MCH) services. Governments are also urged to monitor the progress in safer motherhood and child survival and to take the necessary actions to enhance the effectiveness of the interventions.

Recommendation 5

Governments and donors are urged to increase their support to the social sectors, foremost among them health and education, to a level where basic human rights in these areas can be satisfied.

Recommendation 6

Governments and intergovernmental and non-governmental organizations are urged to recognize that abortion is a major public health concern and one of the most neglected problems affecting women's lives. Women everywhere should have access to sensitive counselling and safe abortion services.

Recommendation 7

Given the high prevalence of sexually transmitted diseases and the AIDS pandemic, which threatens the well-being of men, women and children, family planning programmes need to widen their scope to include reproductive health care, including STD/HIV education and prevention.

Recommendation 8

Political leaders at all levels should play a strong, sustained and highly visible role in promoting and legitimizing voluntary adoption of family planning, and in ensuring a legal and regulatory climate that is favourable for the expansion of family planning services of high quality. National and local leaders should translate their commitment to family planning into the allocation of substantially increased budgetary, human and administrative resources required to meet the increasing demand for services.

Recommendation 9

Family planning programmes at both the national and the local level should seek to increase awareness of the importance of family planning and commitment to the expansion of good quality family planning services on the part of key influence groups, including the media, women's and voluntary organizations, local and religious leaders, and the private business community. The involvement of non-governmental groups in these advocacy efforts, wherever feasible, may greatly facilitate the process of consensus and coalition-building in support of family planning efforts.

Recommendation 10

Family planning programmes should aim to help individuals to achieve their reproductive goals, and should be based on voluntary, free and informed choice.

Recommendation 11

Governments should establish family planning goals on the basis of the unmet demand and need for information and services. Demographic goals, while legitimately the subject of government policies and programmes to achieve sustainable development, should not be imposed on family planning providers in the form of targets or quotas for recruitment of clients. Family planning

services should be framed in the context of the needs of individuals, especially women. Over the long term, meeting unmet needs appears to be the best strategy for achieving national demographic goals.

Recommendation 12

At the national level, the major institutions involved in family planning should periodically undertake a systematic examination of the strengths and weaknesses of family planning efforts, including the competence of national and regional managers. This process should include an assessment of how major programme elements are contributing cost-effectively to overall goals, and result in the development and implementation of coordinated strategies for programme improvement.

Recommendation 13

Family planning programme managers should consult with and encourage the participation of local community groups in the design, financing and delivery of family planning services, wherever feasible. Promising strategies for increasing community participation include the following: increased involvement of social organizations such as men's, women's and youth groups, cooperatives and religious organizations and the use of local volunteers; greater decentralization of decision-making to local administrative structures that are better placed to respond to community needs; and increased pluralism of institutions in the delivery of services.

Recommendation 14

Governments and non-governmental organizations are urged to improve the quality of family planning services by incorporating the user's perspective and respect for the dignity and privacy of the client. Programmes should provide the broadest possible range of contraceptive methods; thorough and accurate information to enable clients to make informed choices; systematic follow-up; easy availability of and accessibility to services; and technically competent service providers who receive proper training and supervision, with additional emphasis on communication and counselling skills. Unnecessary medical and regulatory barriers restricting access to services should be removed. Strategies should be carefully designed and tailored according to local conditions, and the cost of services and contraceptives should be subsidized for people who cannot afford the full cost.

Recommendation 15

Governments, donors and non-governmental organizations are encouraged to increase the provision of family planning services through multiple channels to unserved and underserved populations, such as adolescent, minority, migrant and refugee groups. Effective outreach approaches include promotional activities, community-based strategies, and local health and commercial networks.

Recommendation 16

Governments are urged to recognize the special needs of the young and adolescent population and to strengthen programmes to minimize the incidence of

high-risk and unwanted pregnancies and STD/HIV infection. Special efforts need to be made to reach this target population with information, education and motivational campaigns through formal and informal channels, including the involvement of young people themselves. In view of the fact that adolescents tend to avoid or underutilize MCH/family planning and STD services, often with disastrous consequences, it is important that service providers be trained to be more receptive to adolescents, and that legislation not inhibit the use of services by adolescents. Programmes should provide confidential services to adolescent men and women without regard to marital status or age. Young people should be involved in the planning, implementation and evaluation of programmes designed to serve them in order for services to be sensitive to their needs.

Recommendation 17

Governments, donors and non-governmental organizations are called upon to provide resources for social marketing of contraception in order to create a demand for family planning services, especially in underserved areas and among traditional communities and population groups where demand is low or non-existent. Emphasis should be placed on using consumer-oriented approaches such as careful targeting and segmentation of unserved populations, proper design of education and communication strategies based on research, and an appropriate mix of media and interpersonal communications.

Recommendation 18

Governments, donors and non-governmental organizations should encourage greater involvement in and responsibility for family planning on the part of men, through research on male attitudes and motivation, messages specifically tailored for men, strategies to encourage responsible fatherhood, sharing of responsibilities between men and women, research on male methods of contraception, and innovative clinical services adapted to the needs of men.

Recommendation 19

Governments and non-governmental organizations are encouraged to support information, education and communication (IEC) activities in order to increase awareness of the benefits of family planning for both individuals and the larger community, through comprehensive education efforts utilizing a wide variety of communications channels. Such programmes have played a crucial role in bringing about the transformation of traditional attitudes and social behaviour necessary for the adoption of modern contraception. Public education programmes should develop a clear communications strategy based on empirical research on social values and reproductive behaviour.

Recommendation 20

Governments and education administrators are called upon to expand and strengthen population and family life education at all levels of formal education as well as literacy programmes. Such programmes should be designed to help children and youth in making informed decisions regarding their sexual behaviour, responsible parenthood and family planning. Special emphasis should be placed on training teachers and developing relevant communication methodologies.

Recommendation 21

Governments and international organizations are urged to increase their support to non-governmental organizations working in family planning, particularly in two ways. First, by facilitating the development of public/non-governmental organization partnerships aimed at expanding access to family planning services. Secondly, by supporting these organizations to address in innovative ways such important issues as the reproductive health of adolescents, women's empowerment, community participation, broader reproductive health services, quality of care and outreach to marginalized groups. Once shown to be effective and acceptable, new approaches can then be integrated into wider national family planning programmes.

Recommendation 22

Non-governmental organizations are encouraged to coordinate their activities at the national and international level and to continue to emphasize their areas of comparative advantage, including voicing to policy makers the real concerns and needs of women and local communities regarding sexual and reproductive health.

Recommendation 23

Governments should identify and remove legal and regulatory barriers that impede private sector involvement in family planning, including regulations that constrain contraceptive options; tax and importation policies; advertising and promotion restrictions; patent and trade mark laws; pricing policies; and restrictions on fees charged by non-profit organizations.

Recommendation 24

Governments and non-governmental organizations should support public/private partnerships aimed at expanding access to family planning services. Such arrangements include financing private services through insurance or other third-party mechanisms, and facilitating commercial enterprises to provide family planning as part of the health benefit plans provided to employees. Public sector programmes should seek to complement the existing family planning activities of the private non-profit and commercial sectors, including private health-care providers.

Recommendation 25

Governments, non-governmental organizations and donors are urged to improve forecasting of contraceptive requirements based not only on current use but also on plans for future programme directions and priorities. Increased efforts must be directed at coordinating planning for contraceptive needs, putting systems in place that minimize the need for emergency responses, as well as helping countries to reduce their reliance on donors.

Recommendation 26

In meeting future contraceptive requirements, the partnership between the public and the commercial sectors should be strengthened. The role of the

commercial sector should be expanded in producing, procuring and delivery of contraceptives.

Recommendation 27

National Governments and international and non-governmental organizations are called upon to provide additional resources for family planning in order to satisfy the rapidly increasing demand for services. With a view to reaching the United Nations medium-variant population projections, the cost of contraceptive commodities alone has been estimated at US$ 627 million in the year 2000. The associated logistics, management and service delivery costs are likely to increase this figure as much as tenfold.

Recommendation 28

In order to better address the quantity of resources required, further work is needed to estimate all the component costs of family planning programmes. At the same time, more attention must be paid to cost-effectiveness, efficiency, cost-recovery, cost-subsidization, community-resource mobilization, local production of contraceptives, where appropriate, and other mechanisms to ensure the optimum use of existing resources, thereby lowering costs, targeting subsidies and promoting financial solvency.

Recommendation 29

Governments of developed and developing countries and intergovernmental organizations are thus urged to increase significantly their proportions of development assistance for family planning to meet resource requirements. In so doing, it should be noted that costs of programmes and sources of financing will vary by such factors as social and economic setting, programme maturity, programme coverage and delivery modes, including the extent of involvement of the private and non-governmental sectors.

Recommendation 30

Governments and donors are urged to increase support for research on improving existing contraceptive technology as well as developing new technology that will be affordable in developing countries, focusing on methods that may have additional benefits in the prevention of STD/AIDS, male methods to increase men's involvement in family planning, and methods appropriate for breast-feeding women. Efforts should be made to remove constraints hindering progress in this area, including inappropriate litigation practices and unjustified regulatory requirements, and to enhance the involvement of private industry in this effort.

Recommendation 31

Governments and donors are encouraged to support social science research on human sexuality and sexual behaviour in different cultural settings to provide information useful in intervention programmes to prevent unwanted pregnancies and STD/HIV infections.

Recommendation 32

In order to improve the efficiency of the limited resources available for family planning programmes, Governments and donors are urged to support field studies at the subnational level in different cultural settings to ascertain the relative cost-effectiveness of various approaches.

Recommendation 33

Governments, non-governmental organizations and donors are urged to support ongoing applied research efforts in family planning. Special emphasis should be given to evolve definition, standards and indicators of quality of services appropriate to a country/programme setting; and to include quality of service in the description, monitoring and evaluation of family planning programmes.

Recommendation 34

In view of the importance attached to the role of family planning programmes in enabling individuals to achieve their reproductive goals, Governments and donors should support research efforts to develop indicators of programme performance to capture this crucial dimension.

Recommendation 35

Governments are urged to attach higher priority to the utilization of available data and information for programme planning and implementation; to the collection of timely and reliable data and information, especially on cost; and to the strengthening of human resources in various countries in order to facilitate data collection, analysis and utilization for programme planning and implementation.

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Item 4 of the provisional agenda*

PREPARATIONS FOR THE CONFERENCE

Recommendations of the Expert Group Meeting on Population Growth and Demographic Structure

Report of the Secretary-General of the Conference

SUMMARY

In response to Economic and Social Council resolution 1991/93, the Expert Group Meeting on Population Growth and Demographic Structure was convened in Paris from 16 to 20 November 1992 as part of the preparations for the International Conference on Population and Development to be held in 1994. The findings of the Expert Group are presented in this report for consideration in the context of the review and appraisal of the World Population Plan of Action by the Preparatory Committee for the Conference. The Expert Group examined the policy implications to be derived from the current state of knowledge of the complex interrelationships between population growth, changing demographic structure and patterns of social and economic development. The deliberations had as an essential perspective the goals of the World Population Plan of Action and specific policy measures that would promote the achievement of those goals. The recommendations deal with integration of technological, economic, environmental and population policy-making and planning; research, education and awareness creation; and international cooperation.

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INTRODUCTION

A. Background

1. The Economic and Social Council, in its resolution 1991/93 of 26 July 1991, decided to convene an International Conference on Population and Development under the auspices of the United Nations and decided that the overall theme of the Conference would be population, sustained economic growth and sustainable development. The Council authorized the Secretary-General of the Conference to convene six expert group meetings as part of the preparatory work.

2. Pursuant to that resolution, the Secretary-General of the Conference convened the Expert Group Meeting on Population Growth and Demographic Structure in Paris from 16 to 20 November 1992. The Meeting was organized by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat in consultation with the United Nations Population Fund (UNFPA). The participants, representing different geographical regions, scientific disciplines and institutions, included 15 experts invited by the Secretary-General of the Conference in their personal capacities; representatives of the United Nations Office at Vienna, the United Nations Environment Programme (UNEP), the United Nations University (UNU), the five regional commissions, the International Labour Organisation (ILO), the Food and Agriculture Organization of the United Nations (FAO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank. Also represented were the following intergovernmental and non-governmental organizations: Commission of European Communities, Council of Europe, League of Arab States, Organisation for Economic Cooperation and Development (OECD), Organization of African Unity (OAU), International Planned Parenthood Federation (IPPF), International Union for the Scientific Study of Population (IUSSP) and Population Council. The International Institute on Aging (INIA) and the San Diego State University International Conference on Population Ageing were also represented.

3. As a basis for discussion, 14 of the experts had prepared papers on the agenda items. The Department of Economic and Social Development had prepared a background paper for the Meeting, entitled "Population growth and changes in the demographic structure: trends and diversity". Discussion notes were provided by the Economic Commission for Africa (ECA), the Economic Commission for Europe (ECE), the Economic Commission for Latin America and the Caribbean (ECLAC), the Economic and Social Commission for Asia and the Pacific (ESCAP), the United Nations Office at Vienna, the International Institute on Aging and the Secretary-General of the San Diego University International Conference on Population Ageing.

B. Opening statements

4. Opening statements were made by Mr. Gérard Moreau, Director of the Directorate of Population and Migration of the Ministry of Social Affairs and Integration, on behalf of the Government of France; Dr. Nafis Sadik, Secretary-General of the International Conference on Population and Development; and Mr. Shunichi Inoue, Deputy Secretary-General of the Conference.

5. Mr. Moreau recalled that at the time of the 1974 World Population Conference much of the debate revolved around the question of whether economic development was a prerequisite for successful population policies or whether the reverse was the case. He noted that, at the present time, that debate had become irrelevant in so far as both views operated in unison. Mr. Moreau proposed that family-planning policies not be considered in isolation but should be a part of a broad approach, particularly with regard to the health of women and children. Mr. Moreau noted that international migration was of major concern to both the developed and the developing countries and suggested that migration should become an instrument of economic development and not be viewed simply as the result of population growth and lack of development.

6. In her opening statement, Dr. Sadik introduced many of the themes that were discussed at the Meeting. She emphasized the importance of social development, considering that the process of demographic transition was part of a global process of social and economic change. Reference was made to the experience of countries that had given high priority to education, health and family planning, promoted women's status and encouraged community participation, and had seen a rapid fertility decline, even in the absence of significant economic growth. Dr. Sadik stressed that improving the status of women had proved to be critical for successful family-planning programmes. In concluding, Dr. Sadik stated that, beyond universal access to quality family-planning services, social development, poverty eradication and suppression of gender-related discrimination were required in order to achieve the long-term global population goals set by the Amsterdam Declaration on a Better Life for Future Generations.

7. Mr. Inoue noted that the recommendations of the world population conferences held in 1974 and 1984 had played an important role in policy formulation at the national and international levels, but it was time to go beyond those recommendations because they were too general and difficult to translate into concrete actions. He believed that this was particularly relevant because, during the past two decades, population policies had been brought closer to the mainstream of governments' policy-making and the political atmosphere had improved in favour of promoting family planning.

I. SUMMARY OF THE PAPERS AND DISCUSSION

8. The paper entitled "Population growth and changes in the demographic structure: trends and diversity", prepared by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat, provided the demographic background for the discussions of the Meeting. The participants were informed that three phases could be delineated in the growth of the world population between 1950 and 1990. First, between 1950 and 1970, the rate of growth of the world population rose (from 1.8 per cent per annum in 1950-1965 to 2.1 per cent in 1965-1970) because mortality declined rapidly in all parts of the less developed regions, while fertility remained relatively constant. Secondly, in the 1970s, the world population growth rate fell because fertility declined fast in several Asian countries (particularly China), as well as to a lesser extent in Latin America, and mortality decline slowed down. Since the late 1970s, the growth rate of the world population has remained relatively constant (about 1.7 per cent per annum), while diverging regional trends have been observed. In Latin America, the rate of population growth has continued to decline. In Asia, it has remained constant and in Africa it has increased.

9. The slow-down in the growth of the world population has not yet been translated into declining absolute numbers. According to the medium variant of the 1990 revision of the United Nations population estimates and projections, the annual increment to the world population, which grew from an average of 47 million between 1950 and 1955 to an average of 88 million between 1985 and 1990, was expected to continue to increase until it reaches a high of 98 million between 1995 and 2000. The annual increment was not expected to start to decline until after 2000; it would reach an average of 83 million between 2020 and 2025, which was about the level that existed in 1985.

10. The total population of the world increased from 2.5 billion in 1950 to 5.3 billion in 1990. According to the medium variant of the 1990 revision of the United Nations population estimates and projections, the world population was projected to reach 6.3 billion in 2000 and 8.5 billion in 2025. It must be recognized that the medium variant was a plausible but not a certain course of future population growth. An appraisal of the range of prospects for future growth was indicated by the high- and low-variant projections. In the high variant, which assumed a slower fertility decline, the average annual growth rate would increase to 1.9 per cent per annum in 1990-1995 and then decline slowly to 1.4 per cent in 2020-2025, resulting in a world population of 9.4 billion in 2025. In the low variant, which assumed a faster fertility decline, the average annual growth rate would resume its decline and reach 0.6 per cent in 2020-2025, resulting in a world population of 7.6 billion in 2025. Those projections clearly showed that the patterns of fertility and mortality decline in the coming decades would be crucial determinants of the size of the world population.

11. The Expert Group Meeting was also informed that during the four decades 1950-1990, age distribution became younger in countries where fertility had not yet started to fall (pre-initiation countries). Population ageing started in countries that experienced a significant decline in fertility (late-initiation countries) and proceeded further in low-fertility countries (early-initiation countries). Between 1990 and 2025, ageing would be very limited in pre-initiation countries, marked in late-initiation countries and rapid in

early-initiation countries. A rapid growth of the elderly was also projected in all countries of the less developed regions. Both rapid ageing in early-initiation countries and rapid growth of the elderly in pre- and late-initiation countries were expected to reach unparalleled levels between 2010 and 2020.

12. The participants were informed that the estimates of future populations prepared by the Population Division were not to be viewed as targets, but as projected populations, and that a review of past projections by a group of independent experts had shown that the medium- and long-term accuracy of those projections had been relatively good. The participants noted that, in view of the critical role of mortality in the ageing process, it would be useful to consider alternative mortality assumptions as was the case for fertility.

A. Population growth and socio-economic development

13. The Meeting devoted its first session to a general exchange of views on the interrelationships between population growth and economic growth. The participants were in agreement that, although the findings of recent research on the consequences of rapid population growth for the process of economic development were mixed, they supported the conclusion that a slower population growth would be beneficial to economic development for most developing countries.

14. The participants also noted that a strongly negative correlation between the growth of the gross domestic product (GDP) per capita and population growth had clearly emerged in the 1980s. On the other hand, empirical studies carried out in the 1960s and 1970s had consistently found the absence of any significant correlation. The interpretation of this reversal had raised difficulties of both a theoretical and a statistical nature and the demo-economic literature did not provide any clue for explaining this reversal. Neo-Malthusian authors had long maintained that such correlations were meaningless, while according to the models favoured by anti-Malthusians, the correlation between population growth and economic growth should have been negative at first and then positive, namely, the reverse of what had been observed. It was suggested that the reversal observed in the 1980s might be related to the deterioration of the international economic environment. Certain countries might have succeeded in adjusting to their rapid population growth in the past through external factors such as aid, indebtedness or export earnings. At the present time, that adaptative margin had disappeared. In addition, when economic growth slackened, the priority given to satisfying immediate demographic needs negatively affected current levels of saving and investment and, consequently, future output. Similarly, increasing returns might have been achieved in the short run at the price of a certain tapping of natural resources whose negative effects made themselves felt in the long run. Some participants were of the opinion that the negative impact of population growth in recent years was primarily the result of institutional and market failures.

15. Another main difficulty in interpreting the reversal observed arose from the fact that the value of the regression coefficient implied that increasing the economically active population would reduce total output. In the short run, the capital available and the quantity and quality of natural resources remained virtually fixed factors and the marginal productivity of labour could not be negative. Results of a simulation exercise were presented to the participants,

which showed that observed correlation coefficients were biased by the complex interactions between population growth and economic growth and that changes in face value of coefficients might occur even under the assumption of a constant causal effect of population growth on the growth of the per capita output.

16. Some participants argued that the use of income-on-population regressions had little policy relevance and created a false polarization between neo-Malthusian and anti-Malthusian interpretations. Those participants observed that there was no doubt that population growth was not the dominant factor affecting development but that did not mean that such growth played no role in the development process. Other participants, however, noted that, at least implicitly, one was either Malthusian or anti-Malthusian. Therefore, regression analyses of population growth effects on developmental progress were needed because they allowed weighing those respective points of view.

B. Confronting poverty in developing countries

17. The Group agreed that one of the major challenges of development was in the predominantly rural countries of South Asia and Africa. Widespread poverty exacerbated the negative effects of population pressure on land use and was a major obstacle to fertility and mortality decline in rural areas. The participants agreed that the occurrence of the demographic transition in predominantly rural countries in the coming decades, as assumed by the United Nations population projections, was conditioned on poverty alleviation.

18. A comparison of development trends in East Asia, South Asia and sub-Saharan Africa showed that poverty trends were a reflection of macroeconomic performances. The experience of East Asian countries clearly illustrated that it took vigorous growth in both the agricultural and non-agricultural sectors to obtain downward poverty trends and to absorb a rapidly growing labour force. In South Asia, technological change in the agricultural sector had brought the rate of growth of food production above the rate of growth of population. Yet, because of insufficient growth of employment in the other sectors, it had increased the incidence of poverty among the majority of the landless, who were pervasive in this region, as well as among many smallholders. In sub-Saharan Africa, the deterioration of the agricultural production base, which had paralleled the general economic decline during the 1980s, had resulted in a dramatic increase in the incidence of poverty among subsistence farmers.

19. Evidence was presented showing that the association between poverty and high fertility was strongly related to the low economic and social status of women. One participant stressed that where women had little access to productive resources, and little control over family income, they depended on children for social status and income security. The Group agreed that creating mainstream development programmes that would improve the status of women was central to poverty alleviation policies, as well as for inducing fertility decline.

20. Evidence was also presented indicating that women's low levels of education and access to health and family-planning services were intermediate variables in the correlation between poverty on the one side and child mortality and fertility on the other. This was best illustrated by the experience of Sri Lanka and the Indian state of Kerala, where investments in the health and

education sectors had resulted in sharp reductions in both fertility and child mortality, despite low levels of per capita income.

21. The Group observed that predominantly rural countries tended to lack the physical, institutional and human resources necessary to provide the public services that were critical in promoting female education and family health and welfare. The Group also observed that inadequate infrastructure combined with population dispersion made services delivery very expensive in rural areas. In addition, the participants drew attention to a recent study of government expenditures which concluded that, in many low-income countries, health expenditures were severely constrained by servicing the foreign debt.

22. The Group noted that in sub-Saharan Africa, economic incentives to bear children, in addition to other cultural and social factors, were strong. Women's high fertility was typically associated with high labour force participation in food production and related activities. Labour requirements of households were much higher in rural Africa than in rural Asia because water collected was much less easily accessible and fuelwood was much more extensively used. Under-capitalization had also resulted in highly labour-intensive/low-productivity agriculture. In addition, low population densities, fragmented labour markets and acute seasonality of rain-fed agriculture had caused recurrent labour shortages.

23. Some participants argued that there was no guarantee that population growth and increased densities would automatically stimulate intensification of agriculture in sub-Saharan Africa. Rather, improving African agriculture required sound and committed public policies. They also noted that prospects for economic growth and for rapid increase in food production in Africa in the coming decades were generally believed to be limited; therefore it was all the more important and yet all the more difficult to reduce the rates of population growth in a situation of growing poverty.

24. The Group agreed that increasing labour productivity, especially of women who were primarily responsible for food production, by improving their access to training and credit as well as by enhancing their legal rights, was critical to increasing agricultural productivity and family income. This would also lead to fertility reduction in sub-Saharan Africa.

C. Demographic impacts of development patterns

25. The participants noted that it was now well-established that demographic transition was always triggered by a rapid decline in mortality. In the developing countries, mortality decline primarily resulted from public health and sanitation programmes. The Group observed that mortality decline initially had a positive effect on fertility, thus causing a rapid population growth in the developing countries. Mortality decline tended to raise fertility as the life-span of couples and child survivorship increased, while maternal morbidity and sterility decreased. In eighteenth- and nineteenth-century Europe, the positive effect of mortality decline on fertility did not lead to rapid population growth because mortality declined gradually, while marriage was progressively delayed to a later age and singlehood (as well as out-migration) increased. In contrast, in the developing countries, the pace of mortality decline was incomparably quicker, while economic and social development did not

immediately bring about late nuptiality. In fact, quite the opposite occurred. For example, in several Latin American countries that experienced rapid economic growth in the 1950s and the 1960s (Brazil, Colombia, Mexico and Venezuela), rapid urbanization, employment opportunities in industries and services, and social mobility led to a marriage boom. Higher nuptiality, together with reduced maternal morbidity and mortality, caused an increase in marital fertility.

26. The Group observed that it was not until modern contraceptive methods (e.g., the pill, intra-uterine devices (IUDs) and sterilization) were widely made available in the mid-1960s that fertility began to decline in the developing countries. The Group agreed that there was a positive correlation between the rapidity by which fertility declined and the dissemination of contraceptive methods. The Group further agreed that fertility trends in countries such as Costa Rica and Sri Lanka or in the Indian state of Kerala showed that fertility might decline, even in the absence of significant economic growth, with social development. On the other hand, there was ample evidence that fertility remained high in countries that had experienced low economic growth and limited social development.

27. Declines in birth rates had recently been observed among the least educated and poorest social groups, including in rural areas, in countries such as Colombia, the Dominican Republic, Brazil and, possibly, Indonesia. Those declines had not been primarily associated with improvements in the welfare of households but rather had been induced by worsening living conditions. In this context of poverty, resort to contraception - often, to sterilization - was made by older women who wished to cease reproduction even though the first part of their reproductive life had followed a traditional pattern: early nuptiality, closely spaced and uncontrolled births. The Group agreed that this fertility transition was driven by the large supply of free contraceptive means that were made available to the poorest groups under health and family-planning programmes. Some participants suggested that mass media - particularly radio and television - contributed to fertility decline by diffusing among the poorest social groups the consumption patterns and family models of the urban middle class and that rapid urbanization had disrupted the traditional social structure, of which the poor were a part. In addition, it was noted that such fertility decline was only observed in those countries that had adequate medical and administrative infrastructures and enjoyed minimum civil order. The Group was of the opinion that, although reduction in fertility among the poor indicated that birth control had now found wide social acceptance in several countries of Asia and Latin America, a durable reduction in fertility required improved standards of living of the poorest social groups.

28. The Meeting was informed that the demographic transition in Latin America occurred in a context of rapid urbanization. There was some evidence of patterns of urbanization and of internal migration influencing the magnitude and timing of demographic changes.

29. With the exception of Argentina and Uruguay, which followed a European-type pattern of demographic transition, fertility declined first in two countries that had experienced early urbanization and had relatively well-developed social security programmes: Chile and Cuba. Subsequently, fertility fell among the urban population of countries that had large urban concentrations such as Brazil, Colombia and Mexico. Later on, fertility started to decrease among the

rural populations of those countries, as well as in the urban areas of other Latin American countries. A comparison of patterns of fertility decline in Latin America also suggested that countries having an interlinked network of modern cities such as Argentina, Brazil, Colombia and Mexico would tend to go through the demographic transition much quicker than countries having only one mega-city, and even more quickly than those that had only small and traditional towns.

30. Studies on demographic changes in Brazil showed that large flows of high-fertility migrants from the north-eastern region initially resulted in a slow-down of fertility decline in the metropolitan areas of the more advanced southern and south-eastern regions. Similarly, migrants to the new agricultural areas of frontier regions had higher fertility than the native populations in both the regions of origin and destination. However, there was also evidence of rapidly falling fertility of migrants from poorer regions to urban areas after arrival, thereby contributing to the overall fertility decline. It was further suggested that return migration might have been influential in changing values and attitudes towards fertility in places of origin.

D. Demographic and health transitions

31. The participants observed that, during the demographic transition, the decline in mortality was associated with a shift from a high prevalence of deaths owing to infectious and acute diseases at a young age, to a morbidity and mortality dominated by chronic and degenerative diseases of older adults. In a paper entitled "Demographic and epidemiological trends affecting health policy in developing countries", the participants were informed that the pattern of epidemiological change associated with the demographic transition varied greatly among and within developing countries.

32. On a regional basis, the "epidemiological transition" was most advanced in Latin America and the Caribbean and cardiovascular diseases had become the principal cause of death in a majority of Latin American countries. In Africa, especially in sub-Saharan Africa, health improvements had lagged behind those of other major regions of the world. However, there were indications of increasing prevalence of cardiovascular disease, respiratory tuberculosis, accidents and violence in many African countries. Epidemiological change had been most rapid, albeit diverse, in those countries of East and South-eastern Asia that had experienced a swift demographic transition (e.g., China and the Republic of Korea).

33. The Group noted that, in the midst of the health transition, developing countries faced a complex epidemiological situation that put additional stress on the health system. While chronic and degenerative diseases emerged as a serious problem among urban upper- and middle-class adults, the prevalence of infectious and parasitic diseases remained high among the rural and poor sectors of society. Studies had shown that there was a striking overlap of stages in the epidemiological transition in some Latin American countries, which were characterized by large social and economic inequality. Marked differences in morbidity and mortality had sometimes also been observed between ethnic groups. In some cases, there was also evidence of increasing morbidity associated with pre-transition diseases, for example, malaria, dengue fever or cholera, that had resurfaced after an initial period of control.

34. The Group observed that while the epidemiological transition resulted in an overall decline in most age- and cause-specific mortality rates, the development process often brought about an increase in deaths, owing to accidents and violence. Changes in the number and proportions of the different age groups of the population also altered the morbidity profile of the developing countries. As large cohorts reached adulthood, maternal mortality tended to increase, often as a result of induced abortions. In addition, there was some evidence of sexually transmitted diseases spreading with the growth of the sexually active population. Furthermore, as population aged, rate of disability was likely to increase. For example, the application of currently observed gross disability rates to the projected population of the Philippines showed that the projected increases in the number of disabled persons were of concern in terms of future service and care requirements. Still, it was unclear whether rates of disability would increase as societies modernized in the developing world as they did in the developed countries.

35. The Group agreed that a major challenge for health policy in the developing countries arose from the coexistence of problems associated with all stages of the epidemiological transition. The participants noted that studies on the cost-effectiveness of alternative strategies of disease intervention strategies pointed to the comparative advantage of prevention of chronic diseases in the developing countries. The participants further noted that implementation of preventive measures was often hampered by skepticism about the efficacy of educational programmes and political preference for short-term demonstrable results, and by the fact that it required interventions beyond the control of health ministries.

36. The Group agreed that a new challenge for health policy recently emerged with the spread of the human immunodeficiency virus (HIV) infection in many countries of Asia and Africa. The Group observed that it was estimated that two thirds of the total number of HIV-infected individuals in the world, that is, some 7 to 8 million individuals, lived in sub-Saharan Africa. While most of the HIV-positive individuals in Africa currently lived in relatively low population countries of Eastern Africa, there was evidence of rising numbers of HIV cases in Western Africa, particularly in Nigeria, whose population accounts for one quarter of the total sub-Saharan population.

37. In a paper entitled "Demographic and development consequences of the AIDS epidemic in Africa", the participants were informed that the epidemiology of the acquired immune deficiency syndrome (AIDS) in Africa was characterized by a male-to-female ratio of infection of approximately 1:1 in most countries and by high prevalence rates among adults aged 20-40 and children under five years of age. There was also evidence that the major risk factors associated with the spread of the disease were multiple sexual partners, sex with commercial sex workers and record of sexually transmitted diseases. Studies had also shown that extra-marital sexual activities, which were commonplace in much of sub-Saharan Africa and which were, in the past, mostly accommodated within the extended family, had increasingly been directed to prostitutes. In addition, it had been suggested that economic difficulties experienced in most sub-Saharan African countries had had a significantly negative impact on sexual behaviour, for example, an increasing number of young women, many of whom were migrants to urban areas, had turned to offering sex for payment. The Group was in agreement that, in the absence of a cure for HIV/AIDS, change in sexual behaviour was the only way to prevent the transmission of HIV. The Group was further in agreement

that, in the African context, changes in sexual behaviour required vigorous action to promote and improve women's control over their sexuality.

38. The Group observed that the AIDS epidemic was likely to have dramatic implications for the African family system. The participants noted that there was evidence of the HIV epidemic challenging the universality of marriage in African societies. In Uganda and Zambia, it was estimated that one third of the victims were unmarried and increasing divorce rates were reported among the seropositive. The participants further noted that the HIV epidemic was also disrupting the intergenerational transfers and support system. For example, in Uganda, it was estimated that 13 per cent of the population under age 18 had been orphaned by AIDS. Furthermore, in the communities worst hit by the epidemic, the majority of survivors were elderly people and young children and an increasing number of families were headed either by the eldest child or by an elderly member. The Group was concerned that, as a result of the AIDS epidemic, the responsibility for caring for an increasing number of children and elderly would be transferred from the family to society at large in countries that already lacked the most basic social and economic resources.

E. Population growth and employment

39. The participants were in agreement that a major challenge faced by the economies of developing countries was the creation of sufficient employment opportunities in the modern sector to absorb their rapidly growing labour force. The participants observed that the labour force had grown rapidly during the 1980s in most developing countries and would continue to grow rapidly during the 1990s. This included many countries that had experienced a decline in the growth rate of their population because of the existence of a 10- to 25-year lag between a slow-down in population growth and its effect on the supply of labour. The participants further observed that the increase in labour supply was particularly dramatic in urban areas because of the high level of rural-to-urban migration.

40. The Group was in agreement that the policies necessary to generate employment operated on the demand side of the labour market. A paper entitled "Population growth, employment expansion and industrialization: lessons from the NIEs and Latin American countries", provided the participants with a comparative analysis of demographic and employment trends, and discussed the extent to which the macroeconomic policies that had been implemented over the past 30 years in Latin America and East Asia had been successful and consistent in meeting the needs of a rapidly growing labour force.

41. The participants noted that full employment and steady growth of the proportion of wage workers employed in the modern sectors had increasingly characterized the labour market in the newly industrialized countries (NIEs) of East Asia since the 1960s. In contrast, in most Latin American countries, jobs creation had slowed down considerably in the manufacturing sectors during the 1970s and 1980s leading to an increase in employment in the informal sector and to growing numbers of self-employed, underemployed and unemployed workers.

42. The participants were in agreement that, to a large extent, the contrasting performances of labour markets in East Asia and Latin America were a reflection of the respective macroeconomic policies adopted in the 1960s. The

industrialization strategies followed by the NIEs, that is, outward economic orientation and preference given to labour-intensive technologies in industries and in agriculture, had resulted in a gradual sectoral shift in output which had greatly contributed to the absorption and sectoral reallocation of the growing labour force. On the other hand, the preference given to capital-intensive technologies during the stage of import-substitution and the extension of this import-substitution strategy to the production of durable and capital goods had eventually limited the growth of employment in both the rural and the manufacturing sectors below the increase in the labour force in Latin America. The limited impact of structural adjustments policies adopted in the 1980s on the wage and sectoral composition of the Latin American labour markets also pointed to institutional rigidities slowing down the shift in the output mix from non-tradable to tradable sectors and generating informal employment.

F. Social changes and the elderly in developing countries

43. The Group noted that in the developing countries the family was the traditional caregiver and was expected to continue to provide care for the elderly. In considering the support roles of the family, the participants underscored the necessity of taking into consideration the demographic, social and economic factors that influenced the size and structure of families and the relationships between generations.

44. The shift from family enterprise to wage employment that resulted from industrialization was singled out as one of the most fundamental economic changes that might affect intergenerational relationships. It was observed that the authority the family elderly traditionally had over young family members through control of key productive resources became less important when alternative means of employment were available. The participants noted that industrialization, urbanization and increasing education also provided expanding opportunities for women to be engaged in wage employment outside the home. Consequently, women tended to be less available to care for the young and the old in the household. In fact, development of the formal sector was likely to reduce opportunities for the elderly to be engaged in productive work, while resources tended to shift from the hands of the parents to the younger generation.

45. The Group noted that concerns with the implications of these changes, for the burdens of younger people and the quality of support and care given to the elderly, had been expressed in many countries. However, the participants noted that in Japan many elements of traditional family life were retained despite the advanced urban economy and the existence of public income support programmes for the elderly. The participants also observed that there was evidence in all cultural settings of the elderly looking for autonomy and independence and that relying solely on family support might be counterproductive.

46. The participants noted that the availability of direct family support for the elderly was strongly reduced, at least temporarily, when rural-to-urban or international migration physically separated the generations. The Group also noted that, in many developing countries, large numbers of families that lived in poverty and did not have adequate housing could not provide the care and support for their elderly that they were expected to give. The elderly who currently lacked the most basic support and care were those whose families lived

in shanty towns next to large urban agglomerations, who belonged to single-parent families and were destitute in rural South Asia.

47. One recurrent theme of the discussion was the need to address ageing issues from a gender perspective because of the large proportion of females in the elderly population and the existence of significant differences in the social and economic status between elderly males and females.

48. In a paper entitled "Role and status of adult women and social and economic conditions of elderly women: a cohort approach", the participants were informed that significant changes in educational attainment and marital, employment and health histories of the successive cohorts entering old age were expected.

49. The participants observed that the elderly were both providers and receivers of care and agreed that increased literacy and education among the elderly, while enhancing the contributions of the elderly to development, would also generate new needs and put additional demands on society.

50. The Group noted that, although the proportion of elderly was still low in most developing countries, the number of elderly was increasing rapidly. The Group further noted that the process of ageing would be very rapid in the developing countries as compared to the developed countries because fertility decline was faster in the developing countries than in the developed countries.

51. The Group observed that the Governments of many developing countries were neither aware of ageing issues in their countries nor of the fact that the elderly represented important human resources that could be tapped for development. The Group noted that issues arising from population ageing could be anticipated well ahead of time. Therefore, it encouraged the Governments of developing countries to incorporate an ageing component into their long-term planning that would allow the timely development of appropriate societal responses to the changing needs of the elderly.

G. Social development and ageing in developed countries

52. The participants noted that, while ageing was usually defined as an increase in the proportion of the elderly, most of the economic consequences of ageing and related policy implications required reference to absolute numbers of the aged. Studies on the economic implications of ageing had mainly focused on impacts on consumption, the labour market and public expenditures. There was ample evidence from the literature that ageing had a limited effect on overall consumption. Whereas it had often been argued that ageing might have significant effects on certain individual consumption sectors (e.g., medical goods), some participants observed that intersectoral transfers owing to population ageing were small in comparison with transfers driven by income growth and that there was no need for policy intervention because adjustments were made through market mechanisms.

53. The participants observed that labour market responses to the ageing of the labour force had been markedly inadequate because of individual preferences and institutional rigidities. The decline of the labour force participation rate of the population aged 65 or over in the developed countries between 1950 and 1990 was estimated at two thirds for males and three fourths for females, on average,

while in the age group 60-64, corresponding figures were approximately two fifths and one third. No reversal in trends was to be expected during the last decade of the twentieth century and the decline was expected to continue, albeit at a slower pace. One participant noted that current and prospective retirement preferences in the developed countries were on a collision course with the lack of supplies of labour-intensive inputs that would be required to provide needed upper-age health care and institutional, social and home-care services in the forthcoming decades.

54. The Group agreed that the decline in economic activity at older age would compound the stress that population ageing put on the financing of social expenditures by further increasing the ratio of inactive to active populations. The Group was also in agreement that, while reforms of national pension and health systems were made necessary by population ageing and behavioural changes in all developed countries, the adequacy of providing care for the elderly would eventually be determined by the rate of economic growth in the coming decades.

55. The participants observed that the recent dramatic decline in mortality at older age had resulted in a rapid growth of the very old both in absolute and relative terms in the developed countries. The participants further observed that there were major background and behavioural differences between the younger and the older elderly members. Numerous studies had shown that the proportions of women and of persons living alone or institutionalized were higher among the very old than in any other age category and that the very old exhibited lower levels of education and income and higher levels of disability. The Group recognized that, although the older segment of the aged population comprised numerous examples of successful ageing, the very old were often in need of assistance in their activities of daily living because of increasing impairments associated with their declining health status.

56. The Group noted that there was wide evidence that the vast majority of frail elderly were currently receiving assistance from informal family helpers, for example, spouse or daughters. Studies also suggested that the elderly and their families only turned to formal care as a last resort and that formal care usually did not completely substitute for informal care but rather tended to supplement it, thereby increasing the total level of care. The Group was concerned that the availability of informal care was declining as a result of increasing geographical mobility, employment of women, singlehood and divorce, as well as decreasing fertility and the rising complexity and changing nature of family relationships. The Group recommended that research efforts and policy analysis be undertaken on the physical and human resources needed to accommodate the growing number of very old people and on the appropriate combination of social and family support.

II. RECOMMENDATIONS

A. Preamble

The World Population Plan of Action, adopted at Bucharest in 1974, and the International Conference on Population, held at Mexico City in 1984, note that demographic inertia leads to an increasing population for many decades to come. In the 1990s, the issues of population size, growth and distribution remain major challenges to the revitalization of economic growth and social development in the developing countries, and to the preservation of the environment.

In the coming decades, patterns of fertility and mortality decline will be crucial determinants of the size of the world population and will affect the balance between human numbers, use of resources and pace of development. Thus, a slowly declining pattern of fertility could more than double the size of the world population in the long run as compared to a more rapid decline. As affirmed by the International Development Strategy for the Fourth United Nations Development Decade, such doubling will exacerbate the strains on the social situation, economic growth, the environment and the use of natural resources. The speed of fertility decline will depend on the extent to which economic and social development goals are achieved, particularly in the relatively less developed countries. Recent experience also shows that fertility may decline with social development.

The World Population Plan of Action also notes the importance of population ageing and draws particular attention to the acceleration in the ageing of the populations of developing regions. In addition, the International Plan of Action on Ageing (1982) stresses the centrality of population ageing in social and economic development. Not only are the numbers and proportions of the elderly increasing rapidly in many of the developing countries, but the social and economic conditions facing the elderly are undergoing a profound transition. The demographic transition is bringing about substantial changes in the family, notably its composition and intergenerational relationships, as well as in society, in particular the age structure, and the intergenerational solidarity between older and younger age categories.

The Expert Group Meeting on Population Growth and Demographic Structure, having reviewed the available research and discussed various policy and operational implications, proposes the following recommendations.

B. Recommendations

Recommendation 1

Noting that the size, growth and age composition of the population may play an important role in achieving sustained economic growth in the developing countries, and recognizing the efforts and progress made to date in many developing countries, the Expert Group urges the Governments of all developing countries to increase their political commitment to human resources development and population programmes that have impacts on population trends and characteristics, such as population growth, morbidity and mortality, reproduction, population distribution, internal and international migration and population structure, while respecting the freedom of choice of individuals, and

to adopt integrated approaches to social and economic development that incorporate population considerations at all levels of decision-making and in resource allocation.

Recommendation 2

Noting that mortality and fertility rates in the least developed countries are among the highest in the world and that the economies of those countries are the weakest, the Expert Group urges the international community to increase its assistance to population and development programmes in those countries.

Recommendation 3

Noting that, in addition to the least developed countries, other developing countries and regions within those countries also experience rapid population growth, the Expert Group urges the international community to also extend assistance to population and development programmes in those countries.

Recommendation 4

Noting that widespread poverty and social inequality exacerbate the consequences of rapid population growth, the Expert Group urges Governments to adopt comprehensive and consistent economic and social strategies to alleviate poverty and reduce social inequality in both rural and urban settings.

Recommendation 5

Although rapid progress in the provision of social and health services has occurred in many regions of the world, the services are unevenly distributed between urban and rural areas, within cities and among socio-economic groups. Accordingly, Governments are urged to give high policy priority to spatial, social, age and gender equity in the allocation of resources and in access to services that are likely to result in reduced mortality and low levels of fertility.

Recommendation 6

The Expert Group recognizes that the population momentum will ensure a continued increase in the school-age population in many developing countries into the twenty-first century, and that higher educational levels are a major factor in reducing mortality and fertility and in increasing individual earnings. In the light of the importance of a skilled labour force in an increasingly competitive world, the Expert Group urges Governments to give high policy priority to education programmes benefiting all children, irrespective of gender, by increasing the enrolment rates and reducing the drop-out rates, through the assurance of resources to those programmes that would increase teaching quality and the provision of educational materials and facilities.

Recommendation 7

Recognizing that persistently low levels of female education and female participation in the formal labour force and low wages paid to women severely hamper the demographic transition, the Expert Group recommends that high priority be given to investments and expenditures aimed at increasing women's

access to education, training and credit, as well as to economic policies that increase their opportunity to participate in the formal labour force.

Recommendation 8*

In recognizing the rights of couples and individuals to choose the number and spacing of their children, the Expert Group urges Governments and the international community to give high priority to increasing the quantity and quality of comprehensive reproductive health-care programmes (including, for example, family planning, maternal and child health care and the prevention and treatment of infertility in an integrated manner), which constitute an essential component of efforts to improve health and reduce fertility.

Recommendation 9

Recognizing that the economic contribution of women is undervalued and that the key role it can play in demographic change is rarely recognized, the Expert Group urges Governments to take measures to remove barriers that limit women's social, economic, legal and political rights and to undertake steps to ensure their economic independence.

Recommendation 10

As the rapid demographic and epidemiological transition under way in both the developed and the developing countries is producing great changes in their morbidity profiles, the Expert Group recommends that health-sector priorities be reassessed to adapt to these new situations in order to ensure the selection of the most cost-effective and efficient means of providing health care to all.

Recommendation 11

The Expert Group urges Governments to increase public awareness of potential demographic and socio-economic consequences of AIDS, to integrate these potential consequences in the national planning process and to devise appropriate responses to address the prevention of AIDS and to mitigate the socio-economic problems that are likely to arise. Governments should also be encouraged to develop comprehensive health-care strategies for preventing and curing sexually transmitted diseases, with a view to minimizing the effects of HIV infection and the spread of AIDS.

Recommendation 12

Recognizing that in many countries pension and social security programmes for the elderly are inadequate, have low coverage or do not exist at all, the Expert Group recommends that high priority be given to establishing a "safety-net" for the elderly in such countries. Long-term planning to anticipate the changing needs over time of the young, elderly and working-age populations should be encouraged to ensure that adequate resources are available when and where they are needed.

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* Three participants expressed regret that they were unable to associate themselves with the adoption of this recommendation.

Recommendation 13

The elderly, a heterogeneous and active group, are first and foremost an important human resource for development. Recognizing that the interrelationships between social, cultural, political, economic and demographic patterns have a profound impact on family, kinship and household structure, which, in turn, are crucial determinants of the well-being of the elderly, the Expert Group recommends that Governments keep these factors in mind when formulating long-term development policies.

Recommendation 14

Recognizing that rapid demographic change, including population ageing, is occurring in many areas, the Expert Group recommends that research efforts and policy analysis be undertaken on intergenerational equity in the allocation of both public and private resources, on the appropriate combination of public, community-based and family support of the elderly and on the physical and human resources needed to accommodate the growing numbers of elderly persons.

Recommendation 15

Recognizing the heterogeneity of the elderly population and the changing needs of individuals as they age, the Expert Group urges Governments to address the particular requirements of the very old, who in many societies are the fastest growing segment of the total population. Special efforts should be made to enable very old people to remain in their own homes and community by ensuring that adequate support is available.

Recommendation 16

In planning for economic and social development, Governments are urged to monitor population characteristics and trends both as accurately and comprehensively as possible and on a regular basis, in order to anticipate likely changes in demographic and socio-economic characteristics of various population subgroups. The collection of data to enable cohort and longitudinal analyses is especially encouraged.

Recommendation 17

Valuable lessons could be learned from studying the interrelationships between demographic, social, economic and environmental changes in a comparative perspective that encompasses countries experiencing varying rates of economic development. The Expert Group urges international organizations to cooperate and avoid duplication in their efforts to gather and share comparable data relevant for comparative analysis.

Recommendation 18

Recognizing that summary measures of population growth and demographic structure are important and meaningful indicators of the general demographic conditions of national, regional and world population aggregates, the Expert Group recommends that policy-relevant, social, cultural, age-specific, ethnic- and gender-specific subnational data be more systematically collected, analysed

and disseminated during the next decade in order to capture the vast demographic heterogeneity masked by aggregate statistics.

Recommendation 19

Recognizing the diversity of demographic issues and the need for trained professionals to deal with such and related issues, the Expert Group urges Governments and the international community to support and strengthen high-level training courses in demography and related fields in the developing countries.

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PREPARATIONS FOR THE CONFERENCE

Recommendations of the Expert Group Meeting on Population Distribution and Migration

Report of the Secretary-General of the Conference

SUMMARY

In response to Economic and Social Council resolution 1991/93, the Expert Group Meeting on Population Distribution and Migration was convened in Santa Cruz, Bolivia from 18 to 22 January 1993, as part of the substantive preparations for the International Conference on Population and Development to be held in 1994. This report presents the findings of the Expert Group for consideration by the Preparatory Committee for the Conference in the context of the review and appraisal of the World Population Plan of Action. The Group appraised current trends in population distribution and migration and their interrelations with development. It concluded that migration was a rational response on the part of individuals and families to interregional differences in opportunities. Urbanization was viewed as an intrinsic part of development and recommendations were made to increase Governments' capacity to manage urban development and respond to the needs of urban dwellers, especially the poor. Measures to increase rural productivity and improve the linkages between rural and urban areas were also proposed. With regard to international migration, the processes leading to increasing migration pressures were reviewed and suggestions were made about how to reduce them. The need to protect the rights of migrants was underscored, particularly with respect to the right of asylum. The international community was urged to adopt appropriate strategies to protect and assist refugees.

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INTRODUCTION

1. The Economic and Social Council, in its resolution 1991/93 of 26 July 1991, decided to convene an International Conference on Population and Development in 1994. Pursuant to that resolution, the Secretary-General of the Conference convened the Expert Group Meeting on Population Distribution and Migration in Santa Cruz, Bolivia from 18 to 22 January 1993. The participants included 16 experts serving in their personal capacities, representatives of the five regional commissions and of several United Nations agencies and representatives of other intergovernmental and non-governmental organizations. As a basis for discussion, the 16 experts had prepared papers on the main agenda items in order to provide a framework for discussion. Opening statements were made by the Minister of Planning of the Government of Bolivia, the Secretary-General of the International Conference on Population and Development, the Deputy Secretary-General of the Conference, the Director of the Centro Iberoamericano de Formación para el Desarrollo and the Vice-President of Bolivia.

2. All the speakers emphasized the importance of migration in the modern world and particularly its contribution to urbanization. The Secretary-General of the Conference noted that urbanization was an integral part of the development process. Rural-to-urban migration was only one of the forms of internal migration related to development. Rural-to-rural movements were sizeable in many countries and their interrelations with the environment were of growing importance, particularly where resettlement in frontier areas rich in biodiversity was involved.

3. With respect to international migration, the Secretary-General of the Conference remarked that, historically, it had generally been perceived as a positive process enabling the development of many of today's industrialized countries and opening new possibilities for millions of people. International migration was characterized as a sensitive political issue whose discussion was often hampered by the lack of information on both the size and nature of migration flows. Despite the concerns raised by South-to-North migration, most international migrants found themselves in the developing world. The increasing participation of women in international migration and the need to ensure that they were protected against abuse were underscored. Given the increasing pool of potential migrants and the forces leading to globalization, migration pressures were judged to be on the increase. Trade liberalization, especially in agricultural products and products with a high labour content, was cited as a more effective means of reducing those pressures than current levels of international assistance for developing countries.

4. The Secretary-General of the Conference concluded by underscoring the need to collect, analyse and exchange data on all types of international migration. She recognized migration as a major issue for the 1990s and stressed the need to establish how migrants and their families could best contribute to development.

I. SUMMARY OF THE PAPERS AND DISCUSSION

A. Overview of the main issues

5. The presentation of the paper entitled "Population distribution and migration: the emerging issues", prepared by the Population Division, highlighted the huge scale of internal and international migration. For the world as a whole, net internal migration of all types (urban-to-rural, rural-to-urban, rural-to-rural and urban-to-urban) was estimated to have involved between 750 million and 1 billion persons during the period 1975-1985. Although rural-to-urban migration continued to be the focus of most research and policy concern, rural-to-rural flows were significantly higher in countries that were still mostly rural and urban-to-urban migration was the dominant form in highly urbanized countries. International migration, although involving a smaller number of persons, was also significant. Census data, referring mostly to the 1970s and early 1980s, indicated that some 77 million persons were enumerated outside their country of birth or citizenship, a figure that represented a lower bound for the stock of international migrants world wide.

6. It was noted that the strategy of moving capital to labour had not been entirely successful in stemming migration pressures. Thus, several of the Asian newly industrializing economies had experienced significant migrant outflows as they pursued export-led economic development. Their experience had confirmed that the nature of the development process was destabilizing and that it was likely to increase migration pressures in the short to medium term.

7. Changes in the nature and configuration of States were also identified as having important implications for migration. The drive towards greater unification among the member States of the European Community was contrasted with the disintegration of States occurring among former Eastern-bloc countries. Such changes were blurring the distinction between internal and international migration: citizens of member States of the European Community had gained greater freedom of movement and establishment within the Community, whereas Russians in the non-Russian successor States of the Soviet Union had become international migrants.

8. With respect to migrants' rights, mention was made of the adoption by the United Nations General Assembly of the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families in 1990. 1/ The Convention had extended basic human rights to all migrant workers, irrespective of their legal status, and had provided that documented migrant workers and members of their families enjoy equality of treatment with nationals of the States of employment in a number of legal, economic, social and cultural areas.

9. The discussion stressed the need to consider different types of migration separately. With respect to the category of "environmental refugees", caution was urged in the use of the term, since in most instances environmental factors were only one of a host of causes leading to migration. Moreover, many of the migrants thus labelled were not even outside of their country of nationality and could not therefore be considered refugees. Since the definition of refugee contained in the 1951 Convention relating to the Status of Refugees 2/ had not included environmental factors, the Office of the United Nations High

Commissioner for Refugees (UNHCR) had no mandate for the protection of "environmental refugees".

10. Participants noted that, in contrast to previous assessments, migration was increasingly recognized as a logical strategy of individuals seeking to enhance their opportunities or assure their survival. Economic growth entailed both urbanization and the movement of labour. Although in many countries Governments were reducing their planning role, they nevertheless had to meet the needs and priorities of people and enterprises in the locations where they chose to establish themselves. Lastly, although economic disparities were acknowledged as one of the major determinants of migration, the importance of growing demographic imbalances was also underscored.

B. Patterns of population distribution and development

11. The presentation of the paper entitled "Global urbanization: towards the twenty-first century" stressed that the process of urbanization was an intrinsic part of economic development. In comparing the experience of developed and developing countries, the difference in the magnitude of the urbanization process was highlighted. Thus, whereas the urban areas of developed countries had absorbed about 100 million persons during the period 1815-1915, urban areas in developing countries were expected to accommodate about 1.5 billion additional persons during the period 1990-2010. In addition, while developed countries had generally had the means to build adequate infrastructure while urbanizing, most developing countries, particularly those in Africa and Asia, had serious unmet infrastructure needs. Two aspects of globalization were having important impacts on urbanization: the transactional revolution, involving more efficient flows of information and capital, and the new division of labour associated with the free movement of capital to maximize accumulation. Those processes had led to a greater centralization of the urban system and the emergence of transaction nodes facilitating the movement of people, information, capital and commodities. Successful nodes were often mega-urban regions that had carved a niche in the global market by providing certain goods and services.

12. Despite these important changes, policy was still coloured by a nineteenth century anti-urban perspective and was often geared to controlling the growth of large cities. Evidence to the contrary notwithstanding, it was widely assumed that the spatial separation of urban and rural activities would persist. There was a need to take account of the diverging urbanization patterns that the uneven incorporation of developing countries into the world economic system had brought about.

13. The discussion underscored that, in many countries, the economic and social differences between urban and rural areas were becoming less marked. A revision of the definitions of rural and urban areas seemed necessary if the needs of planners were to be met. There was a need to identify functional regions, especially in the light of the increasing significance of rural-urban interactions. Some participants suggested that the sheer size of cities involved diseconomies, while others argued that the existence of such diseconomies had not been proven. The issue was further stated as: diseconomies for whom? While private capital benefited from economies of scale in large urban centres, the poor often had to bear the diseconomies associated with crowded housing, health hazards and lack of infrastructure. Furthermore,

in most developing countries the informal sector was absorbing increasing numbers of urban workers, particularly women.

14. The consideration of population distribution patterns in specific world regions followed. The presentation of the paper entitled "Population distribution patterns in developed countries" noted that the increasing concentration of the urban population in large urban centres had been considered a normal concomitant of urbanization until data for the 1960s showed that in several developed countries larger metropolitan areas had lost population, in relative terms, to smaller urban centres. That phenomenon, known as counter-urbanization, had been formally defined by Fielding as the existence of a negative relationship between size of place and rate of population growth. The evidence showed that counter-urbanization had been fairly widespread in the developed world during the 1960s and 1970s but that the trend had changed in key countries during the 1980s. Thus, in the United States of America large metropolitan areas had again grown more rapidly during the 1980s than had non-metropolitan areas. Five sets of factors were said to explain the rise and fall of counter-urbanization since the 1960s.

15. The discussion centred on a few factors judged to be essential in assessing the possible evolution of population distribution in developed countries. Shifts in the age structure stemming from sustained low population growth could have important implications for population distribution if different birth cohorts had different residential preferences. The impact of Governments' non-spatial policies and sectoral priorities were considered to have greater influence on population distribution than their explicit spatial or territorial policies. The need to adopt more precise definitions for the study of population distribution in developed countries was stressed. The use of functional urban regions seemed necessary but it demanded suitable databases and concepts that facilitated international comparisons.

16. The Expert Group proceeded to consider population distribution issues relative to the main developing regions. The presentation of the paper entitled "Population distribution patterns and development in Africa" noted the diversity characterizing the continent in terms of population distribution, changes over time and the factors influencing internal migration. Although Africa was the least urbanized region of the developing world, most African countries were undergoing rapid urbanization. The high fertility characterizing African countries made major contributions to the growth of urban areas and rural-to-urban migration continued to be significant. African Governments were faced with the need to develop comprehensive population distribution policies. The quality of urban management had to be improved and an effective partnership had to be developed between central and local Governments. It was urgent to devise methods to provide low-cost urban services and ways of recovering investment costs so that services could be expanded, although it was recognized that subsidies might be needed to ensure that the poorest groups had access to needed services. Given the importance of the rural sector in African countries, the development of economic and institutional linkages between rural and urban areas was needed to foster synergistic interactions between rural and urban development in the region.

17. The presentation of the paper entitled "Population distribution policies and development in Asia" noted that Asia's level of urbanization was still low but that the region's average concealed large variations between countries.

Asia contained the most populous countries in the world and a number of much smaller countries characterized by great economic dynamism. The countries of the Association of South-East Asian Nations (ASEAN), in particular, were likely to maintain a rapid rate of urbanization in conjunction with sustained economic growth. In the most populous countries, high rural population densities and changes in agricultural production had the potential of fuelling rapid urbanization and posed enormous challenges for the achievement of sustainable development.

18. In Asian countries, as in other countries of the developing world, population and economic activity tended to be concentrated in one or a few large cities. However, the concentration of the urban population in a single city was less marked in the most populous countries of the region - China, India and Indonesia - and in countries that had pursued active rural development policies, such as Malaysia and Sri Lanka. In addition, in a number of countries the proportion of the urban population in the primate city had been declining. The growth rates of several Asian mega-cities had also declined somewhat, partly because of the redistribution of production and population outside the metropolitan area's boundaries to areas that were still functionally linked to the city. In a sense, therefore, the slow-down recorded was artificial. The diseconomies of scale in some mega-cities had encouraged investment to seek new locations.

19. The presentation of the paper entitled "Population distribution and development in Latin America" noted that Latin America was the most urbanized region of the developing world, having experienced rapid urbanization during the twentieth century that had led to the concentration of both people and economic activities in a few large cities. During the period 1925-1975, the total population of the region had tripled, while the urban population had increased eightfold. In the 1990s, the number of people living in poverty in urban areas had surpassed that in rural areas. As in other developing regions, there was considerable diversity in the population distribution of the various Latin American countries, arising from historical and structural differences. With regard to primacy and the growth of the largest cities within each country, over half of the countries of the region were expected to show some reversal of population concentration in the largest cities. Recent evidence indicated that the primacy of Buenos Aires was declining and that, during the 1980s, Mexico's three largest cities had experienced lower growth rates than expected. Such trends were probably related to the economic changes experienced by the region, as structural adjustment led to lower industrialization, the casualization of employment and a reduction of the attractiveness of large cities for migrants. Such structural changes had also given rise to new forms of territorial mobility, particularly those of a temporary nature, which did not necessarily lead to population redistribution in the traditional sense.

20. The discussion stressed that urbanization was an inevitable part of development and, consequently, that it was futile for Governments to insist on stopping rural-to-urban migration. Nevertheless, it was recognized that Governments could reduce pressures for rural out-migration by promoting the use of labour-intensive technologies and by raising the prices of agricultural products.

21. It was emphasized that there was a need to integrate population distribution policies, including urbanization policies, into national

development strategies. In so doing, it was important to keep in mind that rural and urban development were two sides of the same coin. Strategies that emphasized one at the expense of the other were doomed to failure. Measures to strengthen urban-rural economic interactions and to improve rural infrastructure so as to increase productivity were considered desirable.

22. Participants stressed the need for Governments of developing countries to strengthen the capacity, competence and accountability of city and municipal authorities. It was judged that a key task of Governments was to address the social and economic needs of their populations, whether in rural or urban areas. It was particularly important to work towards the alleviation of poverty, which was growing in both rural areas and cities. Given the potential for rapid urbanization, especially in regions where the rural population was still growing rapidly, there was an urgent need to improve urban infrastructure and to provide access to services for all population subgroups, particularly the poor. To gain control of urban growth, particularly in regions where general population growth was high, attention had to be paid to policies aimed at reducing natural increase.

23. In ascertaining the impact of development on population distribution, note was taken of how its effects might change over time. In Latin America, for example, when economic growth was based on import substitution, industrialization had been the engine of growth of most large cities. With the adoption of export-oriented policies in the 1970s and 1980s, the centres of economic activity had changed and population growth had accelerated in urban centres located near ports, borders or export-producing sites (mining centres, for instance).

24. In a number of countries, internal strife had led to increased migration. Although that migration often took the form of rural-to-rural movements, forced migration between urban areas and from rural to urban areas was also common. The population that was thus internally displaced was often in need of protection and assistance, but there was no internationally established mechanism to provide such protection. A related problem was the capacity of war-torn countries to ensure the safety of repatriating refugees, and provide them with adequate infrastructure and services. Repatriation was likely to be successful only if assistance could be provided to reintegrate refugees in their areas of origin.

C. Policies affecting internal migration and population distribution

25. The presentation of the paper entitled "The social and environmental problems associated with rapid urbanization" highlighted four issues: the main environmental problems and their causes; who was most vulnerable to them; the extent to which migrants as compared to non-migrants were vulnerable; and the key policy issues involved in addressing environmental problems. The large scale and wide range of environmental problems evident in the cities of developing countries were reviewed in conjunction with their serious health impacts. Biological pathogens (mainly excreta-related, insect-borne, airborne or food-borne) and the lack of access to safe and sufficient water were generally the most serious threats to health, although exposure to chemical pollutants and physical hazards because of housing deficiencies also contributed significantly to psychosocial disorders in many cities.

26. Migrants were not necessarily the group most vulnerable to such hazards, since vulnerability was influenced, among other things, by age, health status, socially determined roles and lack of means to avoid a certain hazard or to cope with the impact of illness or injury. In most cities, the single most important factor determining vulnerability was income, although certain age and occupational groups among the low-income population were especially vulnerable. Because of gender differentiation regarding work undertaken, access to services, income sources and access to shelter, women were particularly vulnerable to certain environmental hazards.

27. Participants noted that the underlying cause of most of the problems mentioned was not so much rapid urbanization itself but the incapacity of Governments to cope with the rapid economic, social and demographic changes that accompanied such urbanization. In addition, poorer groups in cities, including poor migrants, often bore a disproportionate share of the costs of environmental problems.

28. Under certain circumstances, migrant groups could be particularly vulnerable. For example, migrants were especially susceptible to diseases that were endemic in the area of destination to which they had not been exposed in the area of origin. To the extent that certain types of migrants were more likely to join the ranks of the urban poor than others, they were also particularly vulnerable to the health hazards posed by environmental problems. Nevertheless, the main policy issue was considered to be the reduction of poverty and the vulnerability of all urban dwellers to environmental hazards, whether they were migrants or not.

29. Several measures for improving the plight of the urban poor were suggested, including facilitating their access to credit, providing them with technical assistance to improve their housing and promoting the creation of partnerships between neighbourhood groups and non-governmental organizations so that strategies to gain access to water, sanitation or garbage collection could be devised collectively. Such measures had a greater probability of being successful if local or municipal governments were strengthened by being allowed to collect taxes, granted greater responsibility for the welfare of local communities and at the same time made accountable to the governed.

30. The presentation of the paper entitled "Population distribution policies and their impact on development" contrasted the spatial implications of two of the most common development strategies. The first was that adopted by many developing countries between 1930 and the early 1970s. Based on Keynesian theories of economic development, that strategy had involved substantial State intervention to promote industrialization for import substitution and to direct population redistribution. Such a strategy, termed "peripheral Fordism", had been widely applied throughout Latin America, where it had led to unbalanced capital accumulation, which in turn had given rise to unbalanced population distribution by reinforcing the primacy of the largest cities, among other things. To combat the inequitable effects of capital accumulation, Governments had adopted territorial policies that had sought to promote growth in peripheral regions but had rarely had much impact, partly because they had seldom been accorded priority.

31. The second strategy, which had already been widely implemented in developing countries by 1990, had greatly reduced the role of the State and had

ascribed a larger role to market forces for both production and population redistribution. Economically, it had involved an outward orientation, with priority given to exports. While, in the previous strategy, the combination of State support and national capital had been seen as the main source of productive investment, in the new strategy, international investment had been sought and encouraged. The State, with a reduced role, had concentrated its efforts on maintaining fiscal austerity and balanced budgets. The key goal had been the competitive incorporation of countries into the new international division of labour. The new strategy had had important spatial implications, since, within each national economy, rapid urbanization had tended to occur in those locations that had served as growth poles with respect to production, the transport of goods for export and associated services. Concomitantly, the centres where import substitution industries had been concentrated had sometimes declined in importance.

32. Participants noted the contradiction inherent in the adoption of the new strategy by Governments that also claimed to have ambitious goals regarding spatial distribution policies. The more economies became export-oriented, the greater the influence of global forces on the spatial distribution of production and, consequently, on the spatial distribution of population.

D. Internal migration and its implications for development

33. The presentation of the paper entitled "Migration as a survival strategy: the family dimensions of migration" noted that, despite the deficiencies of available information on migration, both internal and international, the evidence pointed to the fact that migration had increased considerably in both scale and complexity during the 1980s. Movement away from the place of origin, either of a permanent or a temporary nature, had become an option to improve the life chances of a wider spectrum of the population of developing countries. The changing economic, social and political context of developing countries had contributed to the increase in the scale of population mobility. However, to understand the evolution of mobility, it was important to supplement macrolevel explanations with an understanding of how microlevel processes were determining who migrated and how. There was growing evidence that migration resulted from decisions made by families rather than individuals and that migration was often a family strategy to ensure survival and minimize risks. Through migration, a family could diversify its sources of income, in terms of both location and type of work.

34. Studying the role of families and kin groups in the migration process was important for understanding how migration networks developed. Networks facilitating migration involved not only family members and kin but also a variety of agents, recruiters, lawyers or other middlemen, who actively encouraged and sustained migration. Networks were thus becoming increasingly institutionalized and commercialized and were able to sustain population flows even when the economic conditions giving rise to them had changed.

35. The discussion underscored the need to gather better data and develop methods which would permit a more accurate assessment of the scale of population mobility and its growing complexity. More attention had to be devoted to the social and economic dimensions of migration, including those at the family level

and those shaping migration networks. Because of the lack of appropriate information, the extent of temporary migration and its implications for development could not be established with certainty. Temporary movements were said to be more common than those leading to permanent relocation but it was recognized that what started as temporary might become permanent.

E. Economic aspects of international migration

36. The presentation of the paper entitled "Growing economic interdependence and its implications for international migration" noted that in the past four decades increased volumes of international trade and investment had generally not proven to be substitutes for the movement of labour. In a world characterized by growing interdependence, there were competing tendencies towards globalization and regionalization, both of which impinged on migration pressures. Growing economic interdependence among States fostered and was fostered by international migration, but migration was both an opportunity and a source of vulnerability for the interdependent States. In cases where barriers had been raised against economic integration or where poor countries had been involuntarily delinked from the more advanced countries, unauthorized migration had been an increasingly significant form of adjustment.

37. Two main explanations were offered for the fundamental paradox that the economic integration of countries would initially increase rather than reduce migration pressures. First, modalities of socio-economic development associated with rising interdependence among countries were essentially disruptive and dislocating, often leading to considerable internal movements and in some instances precipitating increases in international migration. Second, international trade and foreign investment created bridges between trading and investing partners that activated the flows of labour, both legal and illegal. Once activitated, networks based on family, community or employment relations would sustain migration flows.

38. The implications of economic interdependence for international migration had to be examined within a dynamic systems framework which took into account that migration movements had been initiated and sustained by various dynamic processes, including trade, foreign direct investment, foreign aid and flows of technology, the direction and extent of which were determined within a global framework of historical, cultural, economic and political ties.

39. In discussing the economic aspects of migration, it was important to distinguish between short-term and long-term effects. Thus, it was possible for increased trade and foreign direct investment not to influence migration pressures in the short term but to have a strong influence in reducing them in the long term. Increasingly, trade liberalization was being seen as a means of fostering development and thus of contributing, in the long term, to a reduction in migration. It was noted that trade liberalization, per se, did not guarantee that all developing countries would participate equitably in the world economy. Delinking would continue to occur, with some countries remaining relatively marginalized. Migration pressures were, consequently, unlikely to disappear, even if complete trade liberalization were achieved. A complex set of strategies was needed if migration flows were to be reduced significantly.

40. Participants underscored the importance of taking account of political issues when discussing the economic aspects of migration, since there were often tensions between the economic and political interests of States. Attempts to convert human beings into labour that could be exchanged with minimal social consequences had largely failed.

F. International migration in a changing world

41. The presentation of the paper entitled "The integration and disintegration of nation States and their implications for migration" noted that, historically, national boundaries had been temporary and that border changes had often resulted from armed conflict and entailed population movements. Situations in which forced population movements were likely to arise generally involved groups such as: (a) colonizing populations stranded as minorities in new States; (b) trading or administrative intermediaries in new States; and (c) the classical "national minorities" in new States. Russians in the Baltic States and the newly independent States of Central Asia would belong to the first category, but their forced resettlement, although potential, had hardly begun. A review of other cases where population "unmixing" had occurred indicated that it had traditionally been approved by the international community. In some instances, the forceful relocation of population groups might be inevitable; the issue was whether it could happen without violence.

42. At the other end of the spectrum, the movement of several groups of countries towards integration, particularly economic integration, raised the issue of the relativization of the State. Thus, the economic integration being pursued by the European Community implied that the State would lose control over certain key economic and social matters. Interestingly, the question of controlling population flows had emerged as an important obstacle to the further political and economic integration of the Community. The discussion noted that the disintegration of States could lead to the emergence of new minorities as the basis for demographic accounting changed.

43. The presentation of the paper entitled "The process of integration of migrant communities" noted that integration was the general term used to refer to the process by which migrants became incorporated into the host society. Four types of migrant incorporation were distinguished: assimilation, integration, exclusion and multiculturalism. Assimilation was the one-sided process of adaptation of migrants to the local community by which migrants became indistinguishable from the majority of the population. It was consistent with policies of "benign neglect", whereby the State left matters largely to market forces. Integration involved a process of mutual accommodation between migrants and the host society. It generally involved the removal of barriers to individual participation through equal-opportunities and affirmative-action legislation. Exclusion involved the incorporation of migrants only into selected areas of society. Migrants were denied access to other areas mainly through legal mechanisms. Multiculturalism involved the transformation of immigrant populations into ethnic communities that remained distinguishable from the host population but were granted equal rights in most spheres of life. Both exclusion and multiculturalism led to the creation and maintenance of ethnic communities. Multiculturalism was judged to be the best model for incorporation, although it needed to be adapted to each set of circumstances.

44. Integration was the incorporation model most commonly followed by immigrant-receiving societies and it sometimes included multicultural elements. In the 1980s, more clearly multicultural models had been adopted by Australia, Canada and Sweden. Countries such as Germany or Switzerland still favoured exclusionary models. Government policies and historical factors influenced the relative success of the models followed, but in most receiving countries ethnic group formation was taking place. An important element influencing incorporation and ethnic group formation was the transformation of temporary migrants into long-term or permanent settlers.

45. Cross-national comparisons indicated that in all countries there were major groups that had not yet become integrated. The process of ethnic group formation was largely determined by the actions of the State during the early stages of migration. The best chances for successful integration lay in policies that facilitated permanent settlement, family reunion and access to citizenship. Successful integration depended on active State policies, especially in the areas of housing, employment, education and language training, access to health, and social services. Special measures were needed for female migrants, who were more likely to be isolated and marginalized, and it was essential to adopt and implement legislation to combat all forms of racism and violence against migrants.

46. The discussion recognized that the issues regarding the integration of migrant populations varied from region to region. In Western Asia, the enclave development strategy followed by the oil-rich countries had resulted in the segregation of most migrants, an effort had been made to enforce the rotation of foreign labour and there was no intention to incorporate long-term foreign residents into society. In Israel, the integration of large numbers of Soviet Jews conflicted with the interests of the Palestinian population in the West Bank and Gaza. In Europe, Islam was increasingly seen as a marker for differentiation rather than integration and the trend towards European integration was having largely negative effects on the incorporation prospects of most migrants from outside the region. European Governments argued that the prospects for migrant integration in the region depended on effective border control and the limitation of future migration inflows. In Africa, long-standing refugee populations included a significant number of second- and third-generation refugees but few countries of asylum had taken steps to grant them citizenship.

47. The presentation of the paper entitled "The future of South-to-North migration" noted that migration from developing to developed countries had been increasing and was expected to surpass migration between developed countries in every region, even though, particularly in Europe, migration from former Eastern-bloc countries was still an important component of migration flows. East-to-West migration, however, was expected to abate in the future. Migration from developing countries was already a major component of the flows directed to the main countries of permanent resettlement and even Japan, the archetypal closed society, was experiencing significant inflows of migrants from developing countries. With reference to the report of the United States Commission for the Study of International Migration and Cooperative Economic Development, 3/ it was argued that the development process led to greater migration pressures, at least in the short to medium term.

48. In Europe, the migration of asylum-seekers constituted an important type of unwanted migration. Their numbers, which had fluctuated considerably during the 1980s, included large proportions of persons from developing countries. The increasing number of both asylum-seekers and undocumented migrants in certain European countries indicated that policies aimed at maintaining a zero net migration balance had failed. However, given the political and economic realities of the world as a whole, such policies were unrealistic. Since migrant inflows could not be totally avoided, making some allowance for them seemed imperative.

49. The discussion noted the difficulties in making assumptions about future South-to-North migration. Although its volume was expected to increase, actual outcomes depended on future labour-market needs in developed countries, the potential for chain-migration through family reunion, the effectiveness of restrictive admission policies in the receiving countries, the occurrence of destabilizing events in developing countries, prospects for economic development in the main countries of origin and the possibility of increasing linkages between the developed world and developing countries that remained marginalized. Differentials in population growth, although clearly affecting the potential for migration, were judged to have relatively weak linkages with actual migration flows. The need to devise strategies that would reduce migration pressures in the developing world was underscored. Cooperation between specific sending and receiving countries was cited as a possibility.

G. International migration between developing countries

50. The presentation of the paper entitled "Migration between Asian countries and its likely future" indicated that migration within the Asian region was predominantly directed to the oil-producing countries of Western Asia and towards Japan and the newly industrializing economies of East and South-East Asia. Data on such movements, however, were rare and often inconsistent. Migration to Western Asia, which had started long before the oil-price hike of the early 1970s, had increased considerably after that and had undergone a shift in composition from Arab to Asian sources. In addition, Asian sources had been further diversified during the late 1970s to include increasing numbers of workers from East and South-East Asia, as opposed to those originating in Southern Asia. During the 1980s, growing labour-force needs associated with rapid economic growth transformed certain countries and areas in East and South-East Asia into destinations for migrant labour. Thus Japan, Malaysia, the Republic of Korea and Taiwan Province of China were reported to be hosting sizeable numbers of largely undocumented migrants.

51. In Asia, the migration policies of receiving countries generally had three goals: to limit migration, eliminate illegal migration and reinforce migration regulations meant to ensure the quality of migrant workers. Countries of origin, on the other hand, aimed at increasing the number of migrant workers abroad, protecting the rights of migrant workers and regulating migration so as to prevent the exploitation of migrants by recruiting agents. An important concern of countries of origin was to protect the increasing number of women who engaged in temporary worker migration, mostly as domestic servants.

52. In 1989, Asia had hosted more than 7 million refugees, a majority of whom had originated in Afghanistan. The second largest refugee population in Asia

consisted of the more than 2 million Palestinian refugees under the protection of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). In contrast, during the period 1975-1988 an estimated 1.5 million Indo-Chinese from South-East Asia had been resettled outside the region, particularly in the United States.

53. The presentation of the paper entitled "Migration between developing countries in the African and Latin American regions and its likely future" highlighted the limited availability and poor quality of migration data in sub-Saharan Africa. On the basis of data on the foreign-born gathered by censuses, it was estimated that during the late 1970s, about 8 per cent of sub-Saharan Africa's population (or 35 million people) had consisted of persons born outside the country in which they had been enumerated. In addition, UNHCR statistics showed that, in 1991, there had been over 5 million refugees in the region.

54. Using similar data for Latin America, it was estimated that in about 1980 less than 2 per cent of the region's population had been foreign-born, although only 41 per cent of the foreign-born had originated in the region. In contrast to migration in the African region, a country outside the region, namely the United States of America, was the major destination of Latin American migrants, most of whom originated in Mexico.

55. Both growing economic differentials and political instability had contributed to the increase of intraregional flows, political instability being more likely to continue fuelling migration in sub-Saharan Africa than in Latin America. But to the extent that development accelerated more in certain countries than others, especially in Latin America, it was likely to induce further migration. Most intraregional migration in Africa and Latin America had occurred at the margin of government policies. That situation was not expected to change, since African and Latin American Governments were thought to be less likely than those of other world regions to intervene in controlling or impeding migration. Indeed, few had explicit policies regarding international migration, and Latin American countries, in particular, considered their immigration levels to be too low and wished to increase them. As in the case of intra-Asian migration, experts expected that migration within Africa or Latin America would increase as the opportunities to migrate to developed countries became increasingly restricted.

56. The discussion stressed the significance of migration flows between developing countries and the variety characterizing such movements. The paucity of data regarding migration to developing countries was considered a serious drawback, particularly because important changes in trends were likely to go undetected for long periods, if at all. Mention was made, for instance, of countries in Latin America, such as Argentina or Venezuela, which seemed to have ceased being attraction poles for migrants during the 1980s. It was also suggested that the scale of temporary international migration was growing in the region. There was, however, little solid evidence to validate those claims.

57. The evolution of international migration in Asia was considered an important example of the effects of development. Thus, labour migration from the Republic of Korea had abated as development had proceeded. The same thing was probably happening in Malaysia and the question was raised whether it would happen in more populated countries, such as India or Pakistan. In addition,

important economic interactions likely to fuel both migration and development were taking hold of various sets of countries.

58. In Western Asia, the oil-producing countries continued to demand foreign labour, although in some countries demand had shifted from blue-collar to service-sector workers. The impact of migration on the development prospects of both the oil-producing countries and the countries of origin of the migrant workers was likely to vary from case to case, particularly because of competition between the latter. According to some participants, the prospects for effective cooperation between sending countries to protect the rights of their expatriate workers did not seem promising.

59. There was considerable variation in the policy responses to migration of developing countries. For instance, among receiving countries, those in Western Asia and Singapore controlled international migration strictly, whereas most countries in Africa or Latin America had fairly lax migration controls. Among countries of origin, a variety of policies and strategies had been used to foster worker migration, prevent the migration of those with needed skills or facilitate the return and reintegration of migrant workers. Of these aims the return and reintegration of migrant workers was judged to have the greatest implications for development, particularly when it was prompted by deteriorating circumstances in the receiving countries, such as those brought about by the invasion of Kuwait or by the economic difficulties experienced by Venezuela.

60. With regard to forced migration, the end of the cold war was judged to hold positive prospects for the resolution of long-standing conflicts in Latin America and to reduce the influence of the super-Powers in the region. Such developments would facilitate the return of refugees to their countries of origin and reduce the possibilities of future refugee outflows. The prospects for Africa, however, were less promising. States that were artificially sustained by cold war enmities were likely to collapse and produce significant refugee outflows. Such developments would generally stem from both the economic and political disintegration of existing States, often exacerbated by environmental problems (which, however, would rarely be the sole cause of forced migration and, as stated earlier, would not warrant the use of terms such as "environmental refugee").

H. Refugees and asylum-seekers

61. The presentation of the paper entitled "Safeguarding the right to asylum" made the distinction between the right to seek and the right to enjoy asylum. The 1951 United Nations Convention relating to the Status of Refugees 2/ had not established an individual's right to seek asylum but rather the right of States to grant asylum. In addition, the Convention had failed to provide adequate protection for victims of war or generalized violence. At the regional level, however, the Organization of African Unity 1969 Convention Governing the Specific Aspects of Refugee Problems in Africa and the 1984 Cartagena Declaration had both widened the definition of refugee to include those categories. 4/

62. The refugee regime that had been established in 1951 had experienced a period of expansion in terms of who it covered until the late 1970s. Although the demand had expanded, so had the institution of asylum. Most of the

expansion had taken place in Africa. In the developed world, refugee flows were largely equated with East-to-West flows or outflows from Communist countries that had been acceptable as part of the cold war. During the 1980s, however, as the number of refugees and asylum-seekers had continued to grow, the expanding demand for asylum had been met with an increasingly restrictive response, particularly from developed countries. Faced with potentially large numbers of persons who could make a reasonable claim for asylum under prevailing international instruments, receiving countries were currently adopting a series of measures to restrict access to asylum. Furthermore, in the cases of Iraq and Yugoslavia, refugee outflows had been prevented by internalizing asylum and keeping would-be refugees in "safe" zones within their own countries.

63. Several policy implications of the current crisis of the asylum regime were identified, including the need to maintain the right to asylum; to consider ways of integrating refugee and immigration policy; to deal with large refugee outflows through the institution of temporary safe haven; to establish regional regimes that would strengthen burden-sharing with respect to the protection and assistance of refugees; to monitor the size of refugee stocks and flows; and to devise new ways of dealing with the underlying causes of refugee flows.

64. The paper entitled "Changing solutions to refugee migrations" focused mostly on Africa to discuss the prospects and challenges faced by those seeking solutions to the growing number of refugees in the continent. It was noted that the situation of refugees in Africa was changing: although in earlier decades most countries of asylum had been fairly generous in admitting and assisting refugees, many countries were becoming less generous. In Khartoum, for instance, refugees were being blamed for falling wages and rising rents. In rural areas, as the number and length of stay of refugees increased, their competition with the local population grew, giving rise to antagonism. Given those developments, it was urgent to find innovative ways to foster the settlement of long-term refugees in countries of asylum, particularly by regularizing their status as long-term residents or by facilitating naturalization. Assistance should aim at making refugees self-sufficient and at minimizing their competition with the local population. It was also necessary to channel assistance both to refugees in rural areas and to the increasing number living in urban areas.

65. Repatriation was described as the favourite solution for the plight of refugees. It was recalled that the 1990s had been named the "Decade of Repatriation" by UNHCR, and participants alluded to the many successful repatriation drives that had already taken place. Since resettlement opportunities in third countries of asylum were diminishing and access to asylum in developed countries was becoming increasingly difficult, repatriation was seen as the most viable solution in the future. Nevertheless, repatriation had its drawbacks. Cases in which repatriation had been less than voluntary were cited. In addition, in some countries repatriation had taken place even when the conflicts leading to refugee outflows were still far from over. Other crucial issues regarding repatriation remained to be resolved. UNHCR was usually in charge of aiding in the repatriation but it had no mandate to provide assistance for the long-term reintegration of returning refugees. There was a need to establish when the needs of repatriates became developmental rather than humanitarian and to provide them with the necessary support. In doing so, it was important to balance the needs of repatriates with those of the local population.

66. The discussion reviewed the evolution of the refugee regime in relation to the general immigration policies favoured by developed countries, especially during the cold war period, and noted that one of the best ways of controlling migration was by instituting visas and controlling access to means of transportation etc., at the point of origin. Such methods were increasingly used to restrict access to asylum. In addition, in Europe there was a strong movement favouring the harmonization of asylum policies. The question was whether such harmonization would institute a minimum or a maximum common denominator. The move towards harmonization had some positive aspects, such as that it was likely to introduce greater predictability in the adjudication procedure. To maintain the integrity of the asylum system, it was argued that countries had to adopt consistent treatments for those asylum-seekers who were not granted refugee status. When 80 per cent of those rejected nevertheless stayed in the receiving country, control was lost and there was little incentive to maintain a costly adjudication system.

67. Concern about the increasing number of internally displaced persons in need of protection was raised. International law provided a very weak basis for their protection, since it again involved a conflict between human rights and State rights, specifically, a State's sovereignty. Nevertheless, it was agreed that the plight of the internally displaced deserved more attention from the international community, particularly after internal safe havens had been used to protect would-be refugees, as in the case of Iraqi Kurds.

68. Mention was made of the debate underlying the decision to internalize asylum. When refugees flows arose as part of ethnic cleansing, the international community was reluctant to validate such a strategy by providing external safe havens for the population being expelled. However, by maintaining would-be refugees within their countries or immediate areas of origin, the international community had less incentive to combat the root causes of the conflict. Furthermore, it seemed unethical to put the burden of stopping ethnic cleansing on the plight of expelled persons or those fleeing persecution.

69. The possibility of instituting adequate burden-sharing mechanisms at the regional level was considered. The model established by the Comprehensive Plan of Action regarding Vietnamese refugees was judged to be a successful example of such burden-sharing. In Central America, however, it had proved more difficult to share responsibility and decision-making.

70. Lastly, it was noted that statistical information on refugees was very weak. The estimates provided by Governments were often unrealistic and lacked a scientifically acceptable basis. Although it was recognized that accurate statistical accounting was difficult when refugee flows occurred rapidly and involved large numbers of people, better methods had to be devised to gather refugee statistics, particularly regarding long-standing refugee populations. Better statistics on repatriation were also urgently needed. It was important to sensitize those involved in refugee assistance about the importance of statistics and to enlist their cooperation.

II. RECOMMENDATIONS

A. Population distribution and internal migration

The World Population Plan of Action, adopted in 1974, 5/ and the recommendations on its further implementation, adopted in 1984, 6/ underscored the need to integrate population distribution policies into overall development planning with the aim of promoting a more equitable regional development. Among the strategies proposed were the use of incentives to reduce undesired migration; the reduction of rural-urban inequalities; the avoidance of "urban biases" stemming from economic or social policies that favour urban areas; the adoption of rural development programmes aimed at increasing rural production, efficiency and incomes; and the provision of assistance to migrant women. Many of the Plan's recommendations and those made for its further implementation remain valid, but new developments and a better understanding of the linkages between migration and development had indicated additional avenues for action.

Population mobility provides an opportunity to improve the life chances of a wide section of the world population. Improvements in transportation and communications, the increasing mobility of capital, the speed of transactions and widening social networks are all contributing to an increase in permanent and non-permanent migration. It is now recognized that such flows are rational responses on the part of individuals and families to interregional differences in opportunities and to the need to ensure and widen the sources of family support. Moreover, an increasing number of persons are compelled to migrate in order to ensure their very survival.

Recognizing that the free movement of people and the process of urbanization are essential elements of a productive economy, the priority is not to transform population distribution and population mobility patterns radically. Rather, it is to facilitate trends that result in improved life chances for a wide spectrum of the population and to meet the needs of people and enterprises in the locations where they establish themselves. However, it is recognized that in many parts of the world rapid urbanization and the development of very large cities present enormous challenges to Governments in terms of providing urban management and services without neglecting the important needs of rural populations. The recommendations that follow outline strategies to address these issues.

Recommendation 1

Population distribution policies should be an integral part of development policies. In trying to achieve a better spatial distribution of production, employment and population, Governments should adopt multi-pronged strategies, such as encouraging the growth of small- and medium-sized urban centres and promoting the sustainable development of rural areas, while at the same time improving employment and living conditions in large urban centres. In so doing, principles of good governance with respect to accountability and responsiveness should be adhered to.

Recommendation 2

All government policies and expenditures have some influence on the spatial distribution of population and on migration flows, with many of the strongest

influences deriving not from specific urban and regional policies or spatial planning but from macroeconomic and pricing policies, sectoral priorities, infrastructure investment and the distribution of power and resources between central, provincial and local Governments. Governments should evaluate the extent to which both their spatial policies and the spatial impacts of non-spatial policies contribute to their social and economic goals.

Recommendation 3

With regard to urban areas, the main priority must be to increase the capacity and competence of city and municipal authorities to manage urban development; to respond to the needs of their citizens, especially the poor, for basic infrastructure and services; and to provide poor groups with alternatives to living in areas vulnerable to natural and technological disasters. To finance such infrastructure and services, Governments should consider instituting equitable cost-recovery schemes and increasing revenues by broadening the tax base.

Recommendation 4

In order to increase administrative efficiency and improve services, Governments should decentralize expenditure responsibility and the right to raise revenue to regional, district and municipal authorities. Partnerships for rural and urban development should be fostered between residents, community-based organizations, local authorities, non-governmental organizations and the private sector.

Recommendation 5

Governments should make efforts to develop economic and institutional links between urban centres and their surrounding rural areas by, among other things, improving infrastructure (roads, electricity, water supply and telecommunications); expanding education and health services; and providing technical assistance for the marketing and commercialization of rural products.

Recommendation 6

In order to help create alternatives to out-migration from rural areas, Governments should not only enhance rural productivity and improve rural infrastructure and social services but should also facilitate the establishment of credit and production cooperatives and other grass-roots organizations that give people control over resources and improve their welfare. Governments should recognize and safeguard traditional rights over common lands and water resources. In addition, Governments and the private sector should collaborate in promoting vocational training and off-farm employment opportunities in rural areas, ensuring equal access for men and women.

Recommendation 7

Given that a substantial number of migrants engage in economic activities within the informal sector of the economy, efforts should be made to improve the income-earning capacities of those migrants by facilitating their access to such services as credit; vocational training; a place to ply their trade;

transportation; and health services, including family planning. It is important to ensure that women and men have equal access to such services.

Recommendation 8

Governments and non-governmental organizations should encourage and support group mobilization and organization by and for persons affected by migration, such as women left behind, domestic servants, workers in the informal sector and urban squatters. Organizations formed in this way can foster community participation in development and self-help programmes; mobilize savings and credit; organize for production; provide counselling and other social protection and legal services; and identify problems and make them known to decision makers.

Recommendation 9

Given that in many countries high population growth in rural areas is a result of natural increase, which also makes major contributions to the growth of urban populations, Governments wishing to reduce urban growth should implement population policies and programmes that ensure adequate access to health services and family planning.

Recommendation 10

Given the increase in migration triggered by environmental degradation, natural disasters and armed conflict, there is a need to address the underlying causes of such phenomena, as well as to develop mechanisms to protect and aid victims, whether or not they are in their own country. International and regional organizations, non-governmental organizations and Governments are urged to cooperate in addressing such causes and in developing such mechanisms.

B. International migration

The World Population Plan of Action and the recommendations for its further implementation established that international migration policies must respect the basic human rights and fundamental freedoms of individuals, as set out in the Universal Declaration of Human Rights, 7/ the International Covenant on Economic, Social and Cultural Rights, and the International Covenant on Civil and Political Rights. 8/ In addition, the Plan called for Governments of receiving countries to grant documented migrant workers in a regular situation and accompanying members of their families equal treatment to that accorded to their own nationals in terms of working conditions, social security, participation in trade unions and access to health, education and other social services.

With respect to undocumented migrants (defined as persons who have not fulfilled the legal requirements of the State in which they find themselves for admission, stay or exercise of economic activity), the Plan emphasized that all measures designed to curb their numbers must respect their basic human rights. It was further suggested that the International Labour Organisation Convention concerning Migrations in Abusive Conditions and the Promotion of Equality of Opportunity and Treatment of Migrant Workers, 1975 (No. 143), part I 9/ be used

to provide guidelines for the formulation of policies aimed at controlling undocumented migration.

In recent years, growing demographic and labour market imbalances, increasing disparities in economic growth and development among countries and regions and major changes in world political and economic systems have contributed to intensify migration pressures. These growing migration pressures in developing countries and in former Eastern-bloc countries have heightened concern among the main receiving countries, prompted, at least in part, by the negative attitudes of their nationals towards migrants. As in the case of internal migration, voluntary international migration is a rational response to interregional economic differences.

The recommendations presented below take account of developments since 1984, including the adoption of the 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, 1/ which established a new set of standards regarding the rights of all migrant workers.

Recommendation 11

In formulating general economic, trade and development cooperation policies, Governments of both sending and receiving countries should take account of the possible effects of such policies on international migration flows. Where trade barriers contribute to growing migration pressures in developing countries, Governments of developed countries are urged to remove them, as well as to promote investment in countries of origin and to channel development assistance to job-creating projects.

Recommendation 12

Governments of countries of origin are urged to recognize and act upon their common interests by cooperating with one another in their negotiations with labour-importing countries to adopt standardized work contracts, establish adequate working conditions and social protection measures for their migrant workers, and control illegal recruitment agents. Governments of countries of origin should appoint labour attachés in receiving countries to ensure that work contracts are honoured and to look after the welfare of their migrant workers. Advocacy organizations should also have a recognized role in protecting migrant workers' rights.

Recommendation 13

Governments of countries of origin wishing to foster the inflow of remittances and their productive use for development should adopt sound exchange-rate, monetary and economic policies, facilitate the provision of banking facilities that enable the safe and timely transfer of migrants' funds and promote the conditions necessary to increase domestic savings and channel them into productive investment.

Recommendation 14

Governments of receiving countries should protect the rights of all migrant workers and members of their families by conforming to the guidelines

established by the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families and other relevant international instruments. It is particularly important that Governments of receiving countries ensure that all migrant workers, irrespective of whether their status is regular or irregular, be protected from being exploited by unscrupulous intermediaries, agents or employers.

Recommendation 15

Taking account of the Declaration on the Elimination of Discrimination against Women 10/ and of the Convention on the Elimination of All Forms of Discrimination against Women, 11/ Governments of sending and receiving countries are encouraged to review and, where necessary, amend their international migration legislation and regulations so as to avoid discriminatory practices against female migrants. In addition, Governments are urged to take appropriate steps to protect the rights and safety of migrant women facing specific problems, such as those in domestic service, those engaging in out-work, those who are victims of trafficking and involuntary prostitution and any others in potentially exploitable circumstances.

Recommendation 16

As previously recommended in the World Population Plan of Action, Governments of receiving countries that have not already done so are urged to consider adopting measures to promote the normalization of the family life of documented migrants in the receiving country through family reunion. Demographic and other considerations should not prevent Governments in the receiving country from taking such measures.

Recommendation 17

Governments of receiving countries are urged to promote good community relations between migrants and the rest of society and to take measures to combat all forms of racism and xenophobia by, for instance, adopting legislation against racism, establishing and supporting special agencies to combat racism and xenophobia, taking appropriate educational measures and using the mass media.

Recommendation 18

Governments should guarantee equal economic and social rights to long-term foreign residents and facilitate their naturalization.

Recommendation 19

Governments of countries within regions wherein rights exist of free movement of their respective citizens should extend these rights to their long-term foreign residents from third countries.

Recommendation 20

Governments should provide information to potential migrants on the legal conditions for entry, stay and employment in receiving countries.

Recommendation 21

Governments of receiving countries should increase their efforts to enhance the integration of the children of migrants (second-generation migrants) by providing them with educational and training opportunities equal to those of nationals, allowing them to exercise an economic activity and facilitating the naturalization of those who have been raised in the receiving country.

Recommendation 22

Governments of both countries of origin and countries of destination are urged to promote and support migrant associations that provide information and social services and enable migrants and returning migrants, especially female migrants in vulnerable situations, to help themselves.

Recommendation 23

Governments of receiving countries should consider adopting effective sanctions against those who organize illegal migration as well as against those who knowingly employ undocumented migrants. Where the activities of agents or other intermediaries in the migration process are legal, Governments should introduce regulations to prevent abuses.

C. Refugees

The World Population Plan of Action and the recommendations for its further implementation emphasized the need to find durable solutions to the problems related to refugees and refugee movements, especially in terms of voluntary repatriation or resettlement in third countries. When neither of the two was possible, the Plan advocated the provision of assistance to first asylum countries to help them meet the needs of refugees. It also called for Governments to accede to the 1951 Convention relating to the Status of Refugees 2/ and the 1967 Protocol relating to the Status of Refugees. 12/

The world refugee population continues to increase and, while there are prospects for durable solutions through voluntary repatriation, the growing number of persons seeking asylum is straining the asylum system. The recommendations that follow emphasize the need to preserve international protection principles, particularly the right to asylum and the need to adopt appropriate strategies relating to returnee programmes and the assistance of vulnerable groups.

Recommendation 24

Governments, the international community and non-governmental organizations are urged to address the underlying causes of refugee movements and to take appropriate measures regarding conflict resolution; promotion of peace; respect for human rights, including those of minorities; poverty alleviation; democratization; good governance; and the prevention of environmental degradation. Governments should refrain from policies or practices that lead to forced migration or population movements of an involuntary nature.

Recommendation 25

Governments are urged to continue facilitating and supporting international protection and assistance activities on behalf of refugees and to promote the search for durable solutions to their plight.

Recommendation 26

Governments are encouraged to strengthen regional and international mechanisms that enhance their capacity to share responsibility in an equitable fashion for the protection and assistance needs of refugees.

Recommendation 27

Governments are urged to protect the right to asylum by respecting the principle of "non-refoulement", granting asylum-seekers access to a fair hearing and providing temporary safe haven when appropriate.

Recommendation 28

Governments, international organizations, community-based organizations and non-governmental organizations are urged to contribute to and participate in repatriation programmes that ensure that initial rehabilitation assistance is linked to long-term reconstruction and development plans.

Recommendation 29

Given that many refugee populations in countries of first asylum have been in exile for extended periods, Governments, international organizations and non-governmental organizations are urged to assist these long-standing refugee populations to achieve self-sufficiency. Governments of first-asylum countries are invited to take steps to regularize the situation of long-standing refugees with little prospect of repatriation by facilitating their naturalization.

Recommendation 30

The international community, through the Office of the United Nations High Commissioner for Refugees and appropriate relief organizations, should address the specific needs of refugee women. In particular, Governments of countries of asylum should ensure the right of female refugees to physical safety and facilitate their access to counselling, health services, material assistance, education and economic activity. Governments should ensure that female refugees have resettlement opportunities equal to those of male refugees.

D. Data and research needs regarding population distribution and migration

The World Population Plan of Action and the recommendations for its further implementation recognized that migration and urban statistics was the least developed area of population statistics and recommended that Governments improve it by using their national population censuses, sample surveys and administrative record systems to obtain information on internal migration, urbanization and international migration. However, despite some advances, many

deficiencies still remain. Furthermore, understanding of migration processes has not advanced as much as understanding of fertility and mortality. The recommendations below indicate areas that should be given priority in data gathering and research.

Recommendation 31

The United Nations system and other appropriate organizations should support and promote research on population distribution, internal and international migration and urbanization, aimed at providing a sounder basis for the formulation of environmental, development and population distribution policies.

Recommendation 32

National statistical offices are urged to collect, tabulate, publish and disseminate demographic data by relevant geographical areas on vital events, migration, and population size and characteristics, so as to facilitate a better understanding of population-change processes and their policy implications at local, regional and national levels. The dissemination of detailed census data coded for micro-regions in machine-readable form should be given priority. The United Nations is urged to foster these activities.

Recommendation 33

Recognizing the major changes which have occurred in the structure and functioning of urban systems, the United Nations and national statistical offices are urged to review the existing standard definitions and classifications of rural and urban populations.

Recommendation 34

The United Nations and appropriate national and international agencies are invited to review the adequacy of existing definitions and classifications of international migration and should also address the problems of incorporating these into efficient data-collection systems. The development of methods allowing the estimation of undocumented migration and, where relevant, statistics on remittances, should also be supported. Efforts should be made to conduct in-depth migration surveys in countries hosting sizeable migrant populations. Governments are urged to produce and disseminate statistics on international migrants, classified by place of birth, country of citizenship, occupation, sex and age.

Recommendation 35

Given the deficiencies in refugee statistics and their relevance for planning refugee assistance and for understanding the consequences of refugee movements, measures to improve them should be accorded priority. Governments of countries of asylum as well as intergovernmental and non-governmental organizations dealing with refugees are urged to cooperate with the United Nations in devising and implementing procedures to register and monitor refugee populations.

Recommendation 36

Given the lack of systematic data on displaced persons, Governments are urged to cooperate with the United Nations and non-governmental organizations to facilitate data collection on displaced populations and their needs.

Recommendation 37

The United Nations should promote the exchange of information on both trends and policies of international migration by creating working groups of national experts, whose task would be to prepare periodic reports on international migration developments in each of their countries, following the Continuous Reporting System on Migration model of the Organisation for Economic Cooperation and Development. Regional summaries of such reports should be produced and disseminated by the United Nations.

Notes

1/ General Assembly resolution 45/158, annex.

2/ United Nations, Treaty Series, vol. 189, No. 2545, p. 137.

3/ Commission for the Study of International Migration and Cooperative Economic Development, Unauthorized Migration: An Economic Development Response (Washington, D.C., United States Government Printing Office, 1990).

4/ See Guy Goodwin Gill, "The standard texts", Refugees, No. 46 (October 1987), p. 28.

5/ Report of the United Nations World Population Conference, 1974, Bucharest, 19-30 August 1974 (United Nations publication, Sales No. E.75.XIII.3), chap. I.

6/ Report of the International Conference on Population, 1984, Mexico City, 6-14 August 1984 (United Nations publication, Sales No. E.84.XIII.8), chap. I, sect. B.

7/ General Assembly resolution 217 A (III).

8/ General Assembly resolution 2200 A (XXI), annex.

9/ See International Labour Conventions and Recommendations 1919-1991 (Geneva, International Labour Office, 1992).

10/ General Assembly resolution 2263 (XXII).

11/ General Assembly resolution 34/180, annex.

12/ United Nations, Treaty Series, vol. 606, No. 8791, p. 267.